To be answered ONLY in event of plural

PATHER

4 armer

midwife, then the father, householder, etc., Signature

Month, day, year,

supplemental report Filed 4-23, 1927

4-419-355

District of

Sex of Child

9. Residence

10. Color or race

13. Occupation

(Usual place of abode)

If nonresident, give place and state

12. Birthpiace (city or place) ...

(State or country)

0. Number of children of this mother

ertified and including this child.)

evidences of life after birth. iven name added from

Taken as of time of birth of child herein

*When there was no attending physician or

should make this return. A stillborn child is one that neither breathes nor shows other

Registrar.

City of

ARIZONA STATE BOARD OF HEALTH

RUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

4. Twin, triplet or other 6. Legitimate? 7. Date

16. Color or race

5. No., in order of birth.....

(b) Born alive but now dead.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE hereby certify that I attended the birth of this child, who was 13011 at 940 m, on the date above stated, (Born alive or stillborn.)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

(Usual place of abode)

If nonresident, give place and state

18. Birthplace (city or place).....

thalmia neonatorum?

(State or country)

Nature of industry

(a) Born alive and now living 21. Were precautions taken against sph-

State Index No.

j If child is not yet named, make supplemental report, as directed.

17. Age at last birthday (Years)

(Physician or midwife)

County Registrar.

MOTHER

County Registrar No.

Local Registrar No.

3661