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ARIZONA STATE BOARD OF HEALTH  State File No.
BUREAU OF VITAL STATISTICS  Registered No. 16
STANDARD CERTIFICATE OF BIRTH
ounts State.
istrict pr Township LAGSTAIT
ity No. (If bigth occurred in a hespital or institution, give its NAME instead of street and number)
Marage W Um i Chel [If child is not yet named, make supplemental report, as directed.]
Full name of cityle 110.
10 be answered Orter
Male in event of plural 5. No., in order of birth 10 11 11 11 11 11 11 11 11 11 11 11 11
FATTIER HANDLING HANDLING
ull name ( ) Full maiden hale ( ) VILLE THE
Residence 15 Residence 15 Residence
(Usual place of abode)
If non-resident, give place and state:
Color or face 1 16 Color or face
M. Age at last birthday(Years)
Birthologo (city or plate) Ous wn
Land a Li Ma Ni Wa A Matheria
8. Occupation Vision Vi
Nature of industry
Number of children of this mother
Colors on of time of hirth of child herein (b) (Born alive flut now dead
rtified and including this child.)  (c) Sall born  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 7145
at and at the date above stated
Dorn anye or actuation,
r midwife, then the father, householder, of the should make this return. A stillborn
hild is one that neither breathes nor hows other evidence of life after birth. (Physician of Midwife).
iven name added from
Month, day, year
Registrar Filed 6+11-9 1928 45-71 (Grant Registrar

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