

ISSUED WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Graham
District of Safford
Town of _____
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196
Co. Register No. 120
Local Registrar's No. 86

FULL NAME OF CHILD Senora Belzina Walker } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child female } and } Number in order of birth 2 } Legitimate? yes } Date of Birth April 25 1920
Twin, Triplet or other } } } } } (Month) (Day) (Yr.)

FATHER
Full Name Ernest C. Walker
Residence Safford
Color or Race white Age at last Birthday 22 (Years)
Birthplace Texas
Occupation Farmer

MOTHER
Full Maiden Name Elva Blaine
Residence Safford
Color or Race white Age at last Birthday 20 (Years)
Birthplace Arizona
Occupation Housewife

Number of child of this mother... 2 Number of children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 4-25-1920 at 12:25 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. M. Stralton
Attending physician, midwife, householder.*
Address Safford, Ariz.

Given or christian name added from a supplemental report191.....

Filed 5-5-1920

Anna Burus
LOCAL REGISTRAR.

369-425-525
COUNTY REGISTRAR.

Filed 5-10-1920

A True Copy
J. G. Stralton
COUNTY REGISTRAR.