

1662

AMENDMENT ATTACHED 7-11-1966, smw
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Graham
District of Phoenix
Town of _____
or _____
City of _____

State Index No. 204
Co. Register No. 112
Local Registrar's No. 43

St; _____ Ward) _____
(No. _____) _____
FULL NAME OF CHILD Walker } Born } YES
Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Boy } Twin, Triplet or other } and } Number in order of birth 2 } Legitimate? Yes } Date of Birth 5-23-1918
(Month) (Day) (Yr.)

FATHER
Full Name Augustus A Walker
Residence Graham
Color or Race White Age at last Birthday 26 (Years)
Birthplace Big Texas
Occupation Farmer

MOTHER
Full Maiden Name Pearl Talley
Residence Graham
Color or Race White Age at last Birthday 20 (Years)
Birthplace Ariz
Occupation Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 5/23 1918, at 3 A M.

{ *When there is no attending physician or midwife, then the householder should make this return. } (Signature) W E Dean (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191_____ Address _____

969-523-738
COUNTY REGISTRAR.

Filed 5/31 1918 W. Thayer LOCAL REGISTRAR.
A True Copy Filed 6/10 1918 J. A. Miller COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.