

CA2

PLACE OF BIRTH

County of _____
District of _____
Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 323
Co. Register No. 1697
Local Registrar's No. 6807
St. _____ Ward _____

(No. 814 N 15 ave)

FULL NAME OF CHILD

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

{ Born } YES
{ Alive } NO

Sex of Child M Twin, Triplet or other _____ } and { Number in order of birth _____ Legiti- mate? yes Date of Birth Dec 21 1919
(Month) (Day) (Yr.)

FATHER
Full Name Alfred E. Dearing
Residence 814 N 15 ave
Color or Race White Age at last Birthday 42 (Years)
Birthplace Tex.
Occupation Laborer

MOTHER
Full Maiden Name Oliver Crawford
Residence same
Color or Race White Age at last Birthday 33 (Years)
Birthplace Ark.
Occupation Housewife

Number of child of this mother 4 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 21 1919, at 7a M.

{ *When there is no attending physi-
cian or midwife, then the householder
should make this return.

(Signature) [Signature]
(Attending physician, midwife, householder.*)

Given or Christian name added from a
supplemental report _____ 1919

Address Phoenix

Filed 12-23 1919

LOCAL REGISTRAR.

[Signature]
COUNTY REGISTRAR.

Filed 1-5 1920 A True Copy

[Signature]
COUNTY REGISTRAR.