ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  County. MANAGE  County. MANAGE  District or Township. May Spare  (City. No. (If birth occurred in a hospital or institution, give its NahlE instead of street and number)  If child is not yet named, may be in event of plural births.  Sex of Child To be answered ONLY on, in order of birth.  Sex of Child In the count of plural births.  FATHER  Full name of child  FATHER  Full name of child  Registered No.  Ward  Ward  Ward  Ward  If child is not yet named, may be publicated in event of plural plura
1. PLACE OF BIRTH  STANDARD CERTIFICATE OF BIRTH  County Carage    State   County
County Navage 1 State    District or Township
District or Township.  District or Township.  No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report, as directed.  Sex of Child  To be answered ONLY in event of plural births.  S. No., in order of birth  S. No., in order of birth  S. FATHER  Full name  Pull name  Pul
City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. Full name of child.  3. Sex of Child To be answered ONLY 4. Twin, triplet or other in event of plural births.  5. No., in order of birth for the plural births.  8. FATHER  Full name Cuman L. Lune and Full maiden name Larah Chieffer Pull maiden
2. Full name of child
2. Full name of child
3. Sex of Child To be answered ONLY in event of plural births.  8. FATHER  Full name Cyman L Lune and Supering If non-resident, give place and state.  10. Color or race  11. Age at last birthday 48 (Years)  (State or country)  13. Occupation Farmyr and 19. Occupation for the supering of birth Supering (State or country)  Supplemental report, as directed a supplemental report, as directed as directed.  15. Legitimate?  7. Date of birth Dlc 30 19-25  Month Day Year  14. MOTHER  Full maiden name Sax all Clarge of Residence (Usual place of abode)  15. Residence (Usual place of abode)  16. Legitimate?  7. Date of birth Dlc 30 19-25  Month Day Year  16. Legitimate?  17. Age at last birthday Year  18. Birthplace (city or place)  (State or country)  18. Birthplace (city or place)  (State or country)  19. Occupation Foursewaye,
in event of plural births.  5. No., in order of birth  8. FATHER  Full name Cyman L Une and  9. Residence (Usual place of abode)  If non-resident, give place and state.  15. Residence (Usual place of abode)  If non-resident, give place and state.  16. Color or race  17. Age at last birthday 48 (Years)  18. Birthplace (city or place)  (State or country)  18. Birthplace (city or place)  (State or country)  19. Occupation  19. Occupation  Tous work  (State or country)  19. Occupation  Tous work  19. Occupation
FATHER  Full name  (Usual place of abode)  If non-resident, give place and state.  11. Age at last birthday #8 (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  FATHER  Full marder name  14. MOTHER  Full malden name  Sax al. Alice of or Rule  (Usual place of abode)  If non-resident, give place and state.  16. Color or race  17. Age at last birthday 34 (Years)  18. Birthplace (city or place)  (State or country)  (State or country)  19. Occupation  19. Occupation  19. Occupation
Full name Cyman L. Lunean  9. Residence (Usual place of abode)  If non-resident, give place and state. Clayspring  10. Color or race  11. Age at last birthday 48 (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  14. Age at last birthday and  15. Residence (Usual place of abode)  If non-resident, give place and state.  (Years)  16. Color or race  17. Age at last birthday 34 (Years)  (State or country)  (State or country)  18. Birthplace (city or place)  (State or country)  19. Occupation  19. Occupation
9. Residence (Usual place of abode) If non-resident, give place and state.  10. Color or race 11. Age at last birthday 48 (Years) 12. Birthplace (city or place) (State or country) 13. Occupation  15. Residence (Usual place of abode) (If non-resident, give place and state. (Usual place of abode) (U
(Usual place of abode)  If non-resident, give place and state.  10. Color or race  11. Age at last birthday 48 (Years)  12. Birthplace (city or place) Many for (State or country)  13. Occupation  14. Color of race  (Usual place of abode)  If non-resident, give place and grate.  (Usual place of abode)  If non-resident, give place and grate.  (Usual place of abode)  If non-resident, give place and grate.  (Solor or race)  16. Color or race  17. Age at last birthday 34 (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  19. Occupation
If non-resident, give place and state.  10. Color or race  11. Age at last birthday. 48 (Years)  12. Birthplace (city or place). Many first  (State or country)  13. Occupation  14. Many first  15. If non-resident, give place and state.  16. Color or race  17. Age at last birthday. 34 (Years)  18. Birthplace (city or place). Taylor  (State or country)  19. Occupation  19. Occupation
11. Age at last birthday 48 (Years)  12. Birthplace (city or place) Mamphis  (State or country) Issues (State or country)  13. Occupation Farmer and  19. Occupation Housewife)
12. Birthplace (city or place) Manphis  (State or country) Shalls (State or country)  13. Occupation Farmer and  19. Occupation Housewife,
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(State or country) Jenselse (State or country) Wrist  13. Occupation Farmer and 19. Occupation Housewife,
13. Occupation Farmer and 19. Occupation Housewife,
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Nature of Industry Stockman, Nature of Industry
20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against open
(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive but now dead thalmis neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn)
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn
shows other evidence of life after birth.
Given name added from (Physician or Midwife).
Month, day, year
Registrar Filed 19 Mrs. J. Edw Breur
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