COCONINO ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State Index No.. Co. Registrar No... be made for each, ORIGINAL CERTIFICATE OF BIRTH District Local Registrar No. 8 13 Town of or ve its NAME instead of street and number) City of. instituti birth occurred in a h child is not yet named, make pplemental report, as directed of child Fuil nam must To be answered ONLY in event of plural births. (Month, day, ye unicat a pirth, a bergardic reliuth of the inth, stated. 14. Full name 15. Residence (Usual pl If nonresid 10. Col 18. Birthplace (city or pla (State or country) (State or coun 19. Occupation 13. Occupation Nature of Industry the (b) Born alive but now dead. D. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) ...(c) Stillborn. (a) Born a CERTIFICATE OF n' on the date above stated. I hereby certify that I attended the birth of t *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. ; N. D.-----Given name added from a supplemental report.... 25-48 (Morth day, year) County Registrar. My Commission Expires Feb. 7, 1924