

2260

and the number of each, in order of
Local Registrar within 5 days after

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Birth, if

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**
 County of Navajo **BUREAU OF VITAL STATISTICS. Ter. Index No. 344 702**
 District of Pinebluff **ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 90**
 Town of Pinebluff **Local Registrar's No. _____**
 or _____
 City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ { Born } YES
 { Alive } NO

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

Sex of Child <u>male</u>	Twin, Triplet or other	and	Number; in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>May 6th</u> 19 <u>16</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>John W. Adair</u>			Full Maiden Name <u>Cynthia A. Penrod</u>		
Residence <u>Pinebluff, Ariz.</u>			Residence <u>Pinebluff, Ariz.</u>		
Color or Race <u>White</u>		Age at last Birthday <u>40</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>38</u> (Years)
Birthplace <u>Utah</u>			Birthplace <u>Utah</u>		
Occupation <u>Stockman</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>11</u>		Number of children, of this mother, now living <u>9</u>		Were Precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, May 6th 1916, at 7 P. M

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

(Signature) Loretta Hansen
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 1916

Address Halbesid, Ariz.

Filed _____ 1916

John R. Fitch
LOCAL REGISTRAR.

119-506-374
COUNTY REGISTRAR

Filed 5-11 1916

V. H. ...
COUNTY REGISTRAR.