

446

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Navajo

BUREAU OF VITAL STATISTICS

State Index No. 373

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 147

Town of Taylor

Local Registrar's No. 59

or _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Clinton Lee Duncan

Born YES

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

Alive

Sex of Child male Twin, Triplet or other and Number in order of birth 1 Legitimate? Date of Birth July 4 1918
(Month) (Day) (Yr.)

FATHER
Full Name Lyman L. Duncan
Residence _____

MOTHER
Full Maiden Name Sarah A Perkins
Residence _____

Color or Race white Age at last Birthday 41
(Years)

Color or Race white Age at last Birthday 27
(Years)

Birthplace Memphis Tenn.

Birthplace Taylor Ariz.

Occupation Farmer

Occupation House wife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on _____ 191____, at _____ M.

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

(Signature) _____
(Attending physician, midwife, householder.*)

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

Address _____

345-704-272

Filed _____ 191____

E. H. H. H.

LOCAL REGISTRAR.

COUNTY REGISTRAR.

Filed _____ 191____

A True Copy

COUNTY REGISTRAR.