

PLACE OF BIRTH *Supplement Attached*

ARIZONA STATE BOARD OF HEALTH

County of *Brookman*

BUREAU OF VITAL STATISTICS 211 State Index No. 694

District of *Saj.*

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 310

City of \_\_\_\_\_

Local Registrar's No. 219

State of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

NAME OF CHILD *Pershing Lamar Farnsworth* } Born } YES  
 } Alive } NO

Sex of Child \_\_\_\_\_ Twin, Triplet or other \_\_\_\_\_ and Number in order of birth *4* Legitimate? *yr* Date of Birth *12-3-1917*  
(Month) (Day) (Yr.)

FATHER  
Full Name *Albert K. Farnsworth*  
Residence *Saj.*  
Color or Race *white* Age at last Birthday *29* (Years)  
Birthplace *Colorado*  
Occupation *Framer*

MOTHER  
Full Maiden Name *Eva M. Gordon*  
Residence *Saj.*  
Color or Race *white* Age at last Birthday *27* (Years)  
Birthplace *Mexico*  
Occupation *Housewife*

Number of child of this mother *4* Number of children, of this mother, now living *4* Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on *12/3-1917*, at *10:00* P.M.

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

(Signature) *W.E. Platt*  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address \_\_\_\_\_

Filed *12/31* 191*7*

*W. S. Thayer*  
LOCAL REGISTRAR

*762-1230-535*  
COUNTY REGISTRAR.

Filed *1/10* 191*8*

A True Copy  
*J. M. ...*  
COUNTY REGISTRAR.

MAILED WITH EACH LOCAL REGISTER