

4054

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS 205 State Index 237  
**ORIGINAL CERTIFICATE OF BIRTH** Co. Registrar No. 205  
 Local Registrar's No. 49

PLACE OF BIRTH  
 County of Graham  
 District of 1st  
 Town of Solomonville  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Albert Arthur Weeks Born YES Alive NO

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

Sex of Child Male Twins Triplets or other \_\_\_\_\_ and Number in order of birth 1 Legitimate? yes Date of Birth Aug-19- 1917  
 (Month) (Day) (Yr.)

FATHER  
 Full Name G. B. Weeks  
 Residence Santa Rita N.M.  
 Color or Race Mex Age at last Birthday 29 (Years)  
 Birthplace New Mexico  
 Occupation Mine drill

MOTHER  
 Full Maiden Name Conception Ferguson  
 Residence Santa Rita N.M.  
 Color or Race Mex Age at last Birthday 23 (Years)  
 Birthplace Arizona  
 Occupation Housewife

Number of child of this mother... / ... Number of children of this mother, now living... / ... 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 8/19 1917, at 7 P. M.

(Signature) J. M. Shallen  
 (Attending physician, midwife, householder, etc.)  
 Address off road, Ariz  
W. D. Hooper  
 LOCAL REGISTRAR

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

Filed 8/31 1917  
 Filed 5/8 1917  
 A True Copy J. M. Shallen  
 COUNTY REGISTRAR

162-819-361  
 COUNTY REGISTRAR.