

(12-14-12 Amended) CERTIFICATE AMENDED FIRST NAME AMENDED BY AFFIDAVIT AND SOCIAL SECURITY RECORDS DATED 11-13-42
PLACE OF BIRTH SEE NOTATION * ARIZONA STATE BOARD OF HEALTH

County of Cochise BUREAU OF VITAL STATISTICS State Index No. 13
District of Douglas ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 432
Town of _____ Local Registrar's No. _____
or _____
City of Douglas (No. 905-6 St; _____ Ward)

FULL NAME OF CHILD Estrella Harri-Booher } Born } YES
If not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female Twin, Triplet or other - and } Number in order of birth _____ Legitimate? Y Date of Birth 6 3 1914
(Month) (Day) (Yr.)

FATHER
Full Name F. J. Booher
Residence Douglas
Color or Race W Age at last Birthday 32 (Years)
Birthplace W
Occupation Capt. U.S. V. Postoffice

MOTHER
Full Maiden Name Mattie Harri
Residence Douglas
Color or Race W Age at last Birthday 40 (Years)
Birthplace W
Occupation Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 6/21 1914, at 4:50 M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) [Signature]
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1914
Address Douglas

529-603-885
COUNTY REGISTRAR.

Filed Aug 20 1914

True Copy R. H. Hunt
LOCAL REGISTRAR.
COUNTY REGISTRAR.

N. H. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.