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Write P... y, with Unfading Ink.—This is a Perma... nt Record.*

N. B.—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 the Local Registrar within 3 days after birth.

PLACE OF BIRTH

County of Gila

District of Keystone

Town of _____ or City of Miami

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 94

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 103

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Katherine G. McDaniel { Born / Alive } YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth
Female			10	Yes	May 4th (Month) (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	Frank McDaniel	Full Maiden Name	Irene Berryl
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	American	Color or Race	American
Age at last Birthday	39 (Years)	Age at last Birthday	38 (Years)
Birthplace	Texas	Birthplace	Texas
Occupation	Blacksmith	Occupation	House wife

Number of child of this mother 10 | Number of children, of this mother, now living 8 | 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, May 4th 1911, at 4 P M

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

(Signature) John H Lacy Mr (Attending physician, midwife, householder.*)

Address Miami Ariz

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

Filed May 6 1911 — B. G. Fox, LOCAL REGISTRAR.

243-504-323 COUNTY REGISTRAR.

Filed 6/5 1911 — B. G. Fox M.D. COUNTY REGISTRAR.