

4436

CERTIFICATE AMENDED

SEE NOTATION
PLACE OF BIRTH

name added by Affidavit of Registrant and Marriage Certificate. (8-20-68)...

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 108

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 232

Local Registrar's No. _____

County of Kila
District of Miami
Town of Miami
or
City of _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD not named after June McMurray Born } YES
Alive } NO

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

Sex of Child Female Twin, Triplet or other X } and } Number in order of birth _____ Legitimate? Yes Date of Birth Sept 19 1912
(Month) (Day) (yr.)

FATHER
Full Name John Reed McMurray
Residence Miami

MOTHER
Full Maiden Name Clara Idermaline Christensen
Residence Miami

Color or Race White Age at last Birthday 31 (Years)

Color or Race White Age at last Birthday 20 (Years)

Birthplace Penna

Birthplace Utah

Occupation Carpenter

Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 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 Sept 19 1912, at 7:45 P.M.

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

(Signature) John B. Bacon
(Attending physician, midwife, householder*)

Given or christian name added from a

Address _____

supplemental report _____ 191

Filed Sept 25 1912

B. G. Fox
LOCAL REGISTRAR.

148-919-335
COUNTY REGISTRAR.

Filed Oct 5 1912

A True Copy
B. G. Fox M.D.
COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or