2632

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 99 **677**

Co. Register No. 306

Local Registrar's No. ......

County of Gila

District of Globe

Town of Black Warrior

or

City of ...... (No. ...... St; ...... Ward)

FULL NAME OF CHILD Frank Weir

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
M	~~X~~		1	yes	Dec (Month) 9 (Day) 1913 (Yr.)

FATHER		MOTHER	
Full Name	Frank A Weir	Full Maiden Name	Vida Coffee
Residence	Black Warrior	Residence	B Warrior
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	24	Age at last Birthday (Years)	22
Birthplace	Cal	Birthplace	Tex
Occupation	Teamster	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 Dec 9 1913, at 4 a M.

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

(Signature) R D Kennedy
(Attending physician, midwife, householder.*)

Address Globe

Given or christian name added from a supplemental report ...... 191......

Filed 12/12 1913

B G Fox
LOCAL REGISTRAR.

669-1209-535
COUNTY REGISTRAR.

Filed 1-5 1914

A True Copy B G Fox
COUNTY REGISTRAR.

the number of each, in order of ... Midwife with each local Registrar within 5 days after birth.