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PLACE OF BIRTH

County of Gila

District of

Town of

or

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117

Co. Register No. 13

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD James Alwin McDermott

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

Born YES / Alive NO

Sex	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Jan 12 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	John A. McDermott	Full Maiden Name	Louise Johnson
Residence	Black Warrior	Residence	Black Warrior
Color or Race	White	Color or Race	White
Age at last Birthday	25 (Years)	Age at last Birthday	22 (Years)
Birthplace	Pa. U.S.	Birthplace	Ga.
Occupation	Electrician	Occupation	H[illegible]

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 12, 1914, at 4:89 M.

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

(Signature) Wilson D. Brayton

(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Miami

Filed 1/15 1914 B. G. Fox LOCAL REGISTRAR.

143-112-315 COUNTY REGISTRAR.

Filed 2/5 1914 A True Copy B. G. Fox MW COUNTY REGISTRAR.

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.