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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 123

Co. Register No. 96

Local Registrar's No.

**PLACE OF BIRTH**

County of Gila

District of

Town of Winkelman

or

City of Arizona

(No. St; Ward)

FULL NAME OF CHILD Minnie N. Mead

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 |
|---|---|---|---|---|---|
| F | \ | | 1 | Yes | Jan. 18th 1914 (Month) (Day) (yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Cephas J. Mead | Full Maiden Name | Florence Vurleson |
| Residence | Winkelman. | Residence | Winkelman. |
| Color or Race | White. Age at last Birthday 25 (Years) | Color or Race | White. Age at last Birthday 19 (Years) |
| Birthplace | U. S. | Birthplace | U. S. |
| Occupation | Smelter-man. | Occupation | House-wife. |

Number of child of this mother 1st. 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, Jan. 18 1914, at 7a. M.

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

(Signature) M. G. Marden M. D.
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Winkelman, Arizona

Filed March 1914

F. P. Norman
LOCAL REGISTRAR.

A True Copy

444-118-655
COUNTY REGISTRAR.

Filed Apr 8 1914

B. G. Lee M.D.
COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.