4192

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.

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

~~City of~~

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132

Co. Register No. 85

Local Registrar's No.

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Chas Albert Rhodes

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

Born / ~~Alive~~ YES / ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M			1	yes	Mar 25 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	A H Rhodes	Full Maiden Name	Josie Cox
Residence	Miami	Residence	Miami
Color or Race	W	Color or Race	W
Age at last Birthday	48 (Years)	Age at last Birthday	22 (Years)
Birthplace	Cal	Birthplace	Tex
Occupation	Auto Truck Driver	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 Mar 28 1914, at 6 P M.

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

(Signature) R D Kennedy

(Attending physician, midwife, householder.*)

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

Address .....

Filed Apr 1 1914 B G Fox

LOCAL REGISTRAR.

392-425-127

COUNTY REGISTRAR.

Filed Apr 6 1914 A True Copy B G Fox M.D.

COUNTY REGISTRAR.