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

PLACE OF BIRTH

County of Gila  
District of Arizona  
Town of Hayden  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 106

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 281

Local Registrar's No. 43

FULL NAME OF CHILD John Morgan Suck } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child male Twin, Triplet or other single and } Number in order of birth 1 Legitimate? yes Date of Birth Sept 5 1914  
(Month) (Day) (Yr.)

FATHER  
Full Name Frank Joseph Suck  
Residence Hayden Arizona  
Color or Race white Age at last Birthday 28 (Years)  
Birthplace Mass.  
Occupation Mining Engineers

MOTHER  
Full Maiden Name May Olier Sweeney  
Residence Hayden Arizona  
Color or Race white Age at last Birthday 25 (Years)  
Birthplace Mass.  
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 5 1914, at 3:30 A.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. (Signature) F.P. Norman (Attending physician, midwife, householder.\*)

Given or christian name added from a supplemental report.....191..... Address Hayden Ariz.

Filed Oct 1 1914 LOCAL REGISTRAR. F.P. Norman

132-905-428 COUNTY REGISTRAR. Filed Oct 5 1914 A True Copy B.G. S. W. D. COUNTY REGISTRAR.