

4832

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Mila
 District of Miami
 Town of Miami
 or
 City of _____ (No. _____ St; _____ Ward)

State Index No. 119 874
 Co. Register No. 293
 Local Registrar's No. _____

FULL NAME OF CHILD Alfred Glenn Edmondson } Born } YES
 } Alive }

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

Sex of Child Male } and } Number in order of birth _____ } Legitimate? Yes } Date of Birth Sept 13 1914
 } } } } } (Month) (Day) (Yr.)

FATHER
 Full Name Ross Lee Edmondson
 Residence Miami Ariz
 Color or Race Caucasian Age at last Birthday 26 (Years)
 Birthplace Kansas
 Occupation Nurse

MOTHER
 Full Maiden Name Mary Manus
 Residence Miami
 Color or Race American Age at last Birthday 18 (Years)
 Birthplace Indiana
 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 13 Sept 1914 at 3 P. M.
 *When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles E. Smith
 (Attending physician, midwife, householder.)*
 Address Miami Arizona

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

Filed Sept 15 1914

John H. Long
 LOCAL REGISTRAR.

555-913-442
 COUNTY REGISTRAR.

Filed Oct 5 1914

A True Copy B. G. Long
 COUNTY REGISTRAR.

the number of each in order of birth stated. This certificate must be filed with local Registrar within 5 days after birth.