94

93

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~115~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 352

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of

(No. St; Ward)

FULL NAME OF CHILD Toivo Walfred Anderson

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 (Month) (Day) (Yr.)
Male				Yes	Nov. 1, 1914

FATHER		MOTHER	
Full Name	Gustav Albert Anderson	Full Maiden Name	Olga Matilda Lammi
Residence	Miami, Ariz.	Residence	Miami, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	44	Age at last Birthday (Years)	36
Birthplace	Finland	Birthplace	Finland
Occupation	Miner	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 Nov. 1, 1914, at 12 50 A. M.

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

(Signature) F. J. Miller M.D.

(Attending physician, ~~midwife, householder.~~*)

Address

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

Filed Nov 3 1914 — John H. Leary, LOCAL REGISTRAR.

715-1101-1639 — COUNTY REGISTRAR.

Filed Dec 5th 1914 — A True Copy By J. Cox, COUNTY REGISTRAR.

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, 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.