

N. B.—In case of more than one child at a birth, a separate certificate must be made for each. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

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

State Index No. 103,155
Co. Register No. 357
Local Registrar's No. _____

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

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

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>November 11</u> 191 <u>4</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Charles Brown</u>			Full Maiden Name <u>Sarah McEachran</u>		
Residence <u>Miami Arizona</u>			Residence <u>Miami Arizona</u>		
Color or Race <u>White</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>30</u> (Years)	
Birthplace <u>Nebraska</u>			Birthplace <u>Canada</u>		
Occupation <u>Electrician</u>			Occupation <u>Housework</u>		

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 11 1914, at 8 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Charles Edson M.D.
 (Attending physician, midwife, householder.)*
 Address Miami Arizona
John H. Looney
 LOCAL REGISTRAR.
 Filed Nov 15 1914
 A True Copy A. J. Fox
 Filed Dec 5 1914
325-1111-245
 COUNTY REGISTRAR.