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

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 121 State Index No. 491

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 76

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Charles A Keegan

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
Male	X			No	Feb 9 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Roland Jones	Full Maiden Name	Myrtle Keegan
Residence	Globe P.O.	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	19 (Years)	Age at last Birthday	17 (Years)
Birthplace	Arizona	Birthplace	Utah
Occupation	Rancher	Occupation	Domestic

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 Feb 9 1915, at 6 P M.

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

(Signature) Nelson D Brayton
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address

Filed Apr 20 1915 B G Fox
LOCAL REGISTRAR.

A True Copy

Filed May 5 1915 B G Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.