

1279

N. H.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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

ARIZONA STATE BOARD OF HEALTH

County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS **109** State Index No. **831**  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 137  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Virginia Margaret Murphy } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child female Twin, Triplet or other no and Number in order of birth 1 Legitimate? yes Date of Birth June 3 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Bert Murphy  
Residence Miami, Ariz.  
Color or Race White Age at last Birthday 26 (Years)  
Birthplace Arizona  
Occupation Laborer

MOTHER  
Full Maiden Name Merle Heaves  
Residence Miami, Ariz.  
Color or Race White Age at last Birthday 20 (Years)  
Birthplace Arizona  
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 June 3 1915, at 5:30 P.M.  
(\*When there is no attending physician or midwife, then the householder should make this return.)  
(Signature) B. M. Hardy M.D.  
(Attending physician, midwife, householder\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 1915  
Address Miami, Ariz.

Filed Jones 1915  
A True Copy John H. Long LOCAL REGISTRAR.  
Filed July 5 1915 B. E. Joff COUNTY REGISTRAR.

COUNTY REGISTRAR.