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N. B.—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**

County of Yuma **ARIZONA STATE BOARD OF HEALTH** State Index No. **836**  
 District of \_\_\_\_\_ **BUREAU OF VITAL STATISTICS** **115** Co. Register No. 142  
 Town of Miami **ORIGINAL CERTIFICATE OF BIRTH** Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)  
 City of \_\_\_\_\_

**FULL NAME OF CHILD** Gordon Raymond Mankins { Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive }

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 8</u> 191 <u>8</u> (Month) (Day) (Yr.)
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<b>FATHER</b>			<b>MOTHER</b>		
Full Name <u>Hardy Mankins</u>	Residence <u>Miami Arizona</u>	Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Full Maiden Name <u>Mellie Darrell</u>	Residence <u>Miami Arizona</u>
Birthplace <u>Texas</u>	Occupation <u>Laborer</u>	Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	Birthplace <u>Arizona</u>	Occupation <u>Housewife</u>

Number of child of this mother 3 Number of children, of this mother, now living 3 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 8, 1918, at 11 P. M.

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

(Signature) Charles E. Davis M.D.  
 (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Miami Arizona

Filed June 10, 1918 John H. Looney LOCAL REGISTRAR.  
 Filed July 5, 1918 Bejay COUNTY REGISTRAR.

COUNTY REGISTRAR.