

2337

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 Dila
 District of _____
 Town of Miami
 or _____
 City of _____
 (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **110** State Index No. **482**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 202
 Local Registrar's No. _____

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Aug. 1st</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>David Athel Bryner</u>			Full Maiden Name <u>Grace Sinclair Gaden</u>		
Residence <u>Miami, Ariz</u>			Residence <u>Miami, Ariz</u>		
Color or Race <u>White</u>		Age at last Birthday <u>39</u> (Years)		Color or Race <u>White</u>	
Birthplace <u>Scotland</u>		Age at last Birthday <u>40</u> (Years)		Birthplace <u>Scotland</u>	
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>5</u>		Number of children, of this mother, now living <u>5</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug. 1st 1915, at 7¹⁵ A. M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) J. J. Walker M.D.
 (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 191____
 Address Miami, Ariz.

329-801-705
 COUNTY REGISTRAR.

Filed Aug 5 1915
 Filed Sept 4 1915 True Copy
John H. Lucas LOCAL REGISTRAR.
B. G. Fox COUNTY REGISTRAR.