

2304

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 Yila

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS **149** State Index No. **516**

**ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 249

Local Registrar's No. \_\_\_\_\_

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>1</u>	Legitimate? <u>Y</u>	Date of Birth <u>August 26</u> 191 <u>5</u>
					(Month) (Day) (Yr.)

<b>FATHER</b>			<b>MOTHER</b>		
Full Name <u>Fredrick S. Buck</u>	Residence <u>Miami</u>		Full Maiden Name <u>Margaret Anna Martin</u>	Residence <u>Miami Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)	Birthplace <u>Montana</u>	Color or Race <u>White</u>	Age at last Birthday <u>22</u> (Years)	Birthplace <u>Montana</u>
Occupation <u>Electrician</u>			Occupation <u>Housewife</u>		

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 Aug 26 1915, at 6:25 A.M.

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

(Signature) Charles E. Irwin M.D.  
 (Attending physician, midwife, householder. \*)

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

Address Miami Arizona

Filed Sept 1st 1915    John H. Leary LOCAL REGISTRAR

Filed Oct 9 1915    B. G. Scott COUNTY REGISTRAR

422-926-1145 COUNTY REGISTRAR.