

687

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116
Co. Register No. 287
Local Registrar's No. _____

(No. _____ St; _____ Ward)

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

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth 3 } Legiti- mate? Yes } Date of Birth October 23 - 1915
(Month) (Day) (Yr.)

FATHER
Full Name Andrew Kangas
Residence Miami, Arizona
Color or Race White Age at last Birthday 28 (Years)
Birthplace Finland
Occupation Miner

MOTHER
Full Maiden Name Sofia Mickelson
Residence Miami, Arizona
Color or Race _____ Age at last Birthday 28 (Years)
Birthplace Puabic, Michigan
Occupation Housewife

Number of child of this mother 3... Number of children, of this mother, now living... 2... 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 Oct 23, 1915, at 7:30 A.M.

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

(Signature) E. M. Olson MD
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191_____

Address Miami, Ariz

Filed Oct 31 1915

John G. Leary
LOCAL REGISTRAR

022-1023-245
COUNTY REGISTRAR.

Filed Nov 5 1915

A True Copy
D. E. Fox
COUNTY REGISTRAR.