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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120

Co. Register No. 291

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

(No. St; Ward)

FULL NAME OF CHILD No Name Premature child 6 1/2 months

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child female | Twin, Triplet or other One | and | Number in order of birth One | Legitimate? Yes | Date of Birth Oct (Month) 25 (Day) 1915 (Yr.)

FATHER	MOTHER
Full Name William Loyd	Full Maiden Name Vina Ruston
Residence Miami Ariz.	Residence Miami Ariz.
Color or Race White. Age at last Birthday 36 (Years)	Color or Race White Age at last Birthday 35 (Years)
Birthplace Texas.	Birthplace Texas.
Occupation Teamster.	Occupation House wife.

Number of child of this mother 6. | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 25 1915, at 4 A. M.

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

(Signature) B. W. Hardy M.D.

(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address Miami Ariz.

Filed Oct 31 1915 John H. Losey

LOCAL REGISTRAR.

034-1025-595

COUNTY REGISTRAR.

Filed Nov 5 1915 ~~A True~~ Copy B. G. Fox

COUNTY REGISTRAR.

... Registrar within 5 days after birth. ... Attending Physician or