

4266

N. B.—In case of more than one child at a birth, a SEPARATE M.B.R. U.S. 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 Gila
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 1918 State Index No. 491

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 295

Local Registrar's No. _____

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

Sex of Child female Twin, Triplet or other No and Number in order of birth 1 Legitimacy yes Date of Birth Nov. 4 1915
(Month) (Day) (Yr.)

FATHER
Full Name Charles Joseph Savage
Residence Miami, Ariz.
Color or Race white Age at last Birthday 35 (Years)
Birthplace Wisconsin
Occupation Miner

MOTHER
Full Maiden Name Mary Loretta Thomas
Residence Miami
Color or Race white Age at last Birthday 30 (Years)
Birthplace Iowa
Occupation Housewife

Number of child of this mother... 4 Number of children, of this mother, now living... 4 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 Nov. 4 1915, at 8 P. 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 Nov 10 1915 A True Copy
COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.