

MARGIN RESERVED FOR BINDING
Write Plainly with Unfading Ink.—This is a permanent Record.

N. B.—In case of more than one child at 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 Dela
District of _____
Town of Miami
or _____
City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 122 State Index No. 720
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 45
Local Registrar's No. _____

FULL NAME OF CHILD Josephine Winona Morgan { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Female Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? Yes Date of Birth July 5 1916
(Month) (Day) (Yr.)

FATHER
Full Name Thomas Underwood Morgan
Residence Miami
Color or Race White Age at last Birthday 22 (Years)
Birthplace America
Occupation Timekeeper (Smelter)

MOTHER
Full Maiden Name Josephine Ellen Champ Benth
Residence Miami
Color or Race White Age at last Birthday 20 (Years)
Birthplace America
Occupation Housewife

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 the above child; and that it occurred on July 5, 1917, at 4:05 P.M.

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

(Signature) J. J. Meier M.D.
(Attending physician, midwife, householder,*)

Given or Christian name added from a supplemental report _____ 1917

Address Miami, Fla. Box 100

145-705-128
COUNTY REGISTRAR.

Filed July 17 1917

Filed Aug 6 1917

John H. Roes
LOCAL REGISTRAR.
B. G. Jay
COUNTY REGISTRAR.

A True Copy