

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of _____
District of _____
Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

273 State Index No. 220

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 1632

Local Registrar's No. 5853

(No. 602 20 4th St; Ward)

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

Sex of Child male Twin, Triplet or other 1 and { Number in order of birth } Legiti- mate? yes Date of Birth July 13 1916
(Month) (Day) (Yr.)

FATHER
Full Name Charles Rothman Sterling
Residence 602 North 4th Street
Color or Race white Age at last Birthday 34 (Years)
Birthplace Ohio
Occupation Merchant

MOTHER
Full Maiden Name Cora Lowe
Residence West Virginia
Color or Race white Age at last Birthday 34 (Years)
Birthplace West Virginia
Occupation Housewife

Number of child of this mother... 3 Number of children, of this mother, now living... 3 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 July 13 1916, at 5:30 AM.

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

(Signature) Charles B. Palmer
(Attending physician, midwife, householder.)*

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

Address 21 Franklin St

Filed July 13 1916

H. V. Deane
LOCAL REGISTRAR

927-713-335
COUNTY REGISTRAR.

Filed July 2 1916

A True Copy A. B. Nichols
COUNTY REGISTRAR.