

PLACE OF BIRTH
 County of Gila
 District of Arizona
 Town of Miami
 or
 City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 160 State Index No. 893

ORIGINAL CERTIFICATE OF BIRTH
 Co. Register No. 288
 Local Registrar's No. _____

FULL NAME OF CHILD Cecil Glenn Barnett } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male } and } Number in order of birth 2 } Legitimate? yes } Date of Birth Sept 24 1916
Twin, triplet or other } } } } } (Month) (Day) (Yr.)

FATHER
 Full Name Carl W. Barnett
 Residence Lower Miami
 Color or Race White Age at last Birthday 27 (Years)
 Birthplace Youngstown, Ohio
 Occupation Electrician

MOTHER
 Full Maiden Name Hetty Classen
 Residence Lower Miami
 Color or Race White Age at last Birthday 28 (Years)
 Birthplace Berlin, Germany
 Occupation Housewife

Number of child of this mother... 2 ... 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 the above child; and that it occurred on Sept 24, 1916, at 4 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Cyril M. Crow M.D.
 (Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 1916
 Address Box 29, Miami, Ariz.

323-924-835
 COUNTY REGISTRAR.

Filed Sept 30 1916
 LOCAL REGISTRAR
 Filed Oct 10 1916 As True Copy
 COUNTY REGISTRAR