

1583

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. **129**
Co. Register No. **68**
Local Registrar's No. _____
St. _____ Ward _____

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

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 22, 1917</u> (Month) (Day) (Yr)
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FATHER		MOTHER	
Full Name <u>Walter William Cavness</u>	Residence <u>Miami</u>	Full Maiden Name <u>Ethel Mary Cox</u>	Residence <u>Miami</u>
Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)
Birthplace <u>Texas</u>	Occupation <u>mill operator</u>	Birthplace <u>Indiana</u>	Occupation <u>Housewife</u>

Number of child of this mother _____ 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 Jan. 22, 1917, at 1 P. M.

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

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

Address Miami, Ariz. Baywood

Given or Christian name added from a supplemental report _____ 1917

Filed Feb 7 1917

Filed Mar 6 1917

1032-122-537
COUNTY REGISTRAR.

LOCAL REGISTRAR. J. H. Lacy
COUNTY REGISTRAR. B. G. Sot

A True Copy