2257

590

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

130 State Index No. [redacted]

ORIGINAL CERTIFICATE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

Co. Register No. 128

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Myra Viola Sain

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES

Alive ~~NO~~

Sex of Child	Twin, Triple or other	and	Number in order of birth	Legitimate	Date of Birth
Female	~~Twin~~		~~Number in order of birth~~	Yes	Feb 10 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Samuel Sain	Full Maiden Name	Cora Goddard
Residence	Miami	Residence	Miami
Color or Race	W	Color or Race	W
Age at last Birthday	32 (Years)	Age at last Birthday	27 (Years)
Birthplace	Arkansas	Birthplace	Okla
Occupation	H.W.	Occupation	HW

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 the above child, and that it occurred on Feb. 10 191__, at 2 A M.

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

(Signature) Melson D Brayton

(Attending physician, ~~midwife, householder.~~*)

Address Miami Ariz

Given or Christian name added from a supplemental report 191__

Filed Mar 30 1917

John H. Lacy

LOCAL REGISTRAR.

425-210-374

COUNTY REGISTRAR.

Filed May 5 1917

A True Copy

B. G. Fox

COUNTY REGISTRAR.