953

or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 160 State Index No. 657

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 311

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Charles Du Mars

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

Born YES

Alive ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Y	Apr 24 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Charles Du Mars	Full Maiden Name	Mabel De Closo
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	27 (Years)	Age at last Birthday	21 (Years)
Birthplace	Penn	Birthplace	Cal
Occupation	Miner	Occupation	Housewife

Number of child of this mother 1 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 24 1917, at 12:30 P.M.

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

(Signature) Charles E Irvin M.D.

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

Given or Christian name added from a supplemental report 191

Address Miami

Filed May 10 1917.

John H Lacy

LOCAL REGISTRAR.

342-424-446

COUNTY REGISTRAR.

Filed June 5 1917.

A True Copy

B. G. Fox

COUNTY REGISTRAR.