

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 163 State Index No. 659

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 212
Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD Walker William Berry } 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 1 Legitimate? Y Date of Birth April 25 1917
(Month) (Day) (Yr.)

FATHER
Full Name Walker T. Berry
Residence Miami
Color or Race White Age at last Birthday 29
(Years)
Birthplace Texas
Occupation Mechanic

MOTHER
Full Maiden Name Jessie C. Alsop
Residence Miami
Color or Race White Age at last Birthday 20
(Years)
Birthplace Texas
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 25 1917, at P M.

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

(Signature) Charles E. Tomlin
(Attending physician, midwife, householder.)
Address Miami, Florida

Given or Christian name added from a supplemental report _____ 1917

Filed May 10 1917

John H. Deery
LOCAL REGISTRAR.

628-425-317
COUNTY REGISTRAR.

Filed June 5 1917 A True Copy
B. G. Jof
COUNTY REGISTRAR.

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