

962

PLACE OF BIRTH
 County of Gila ARIZONA STATE BOARD OF HEALTH
 District of Arizona BUREAU OF VITAL STATISTICS 167 State Index No. 663
 Town of Miami ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 267
 or
 City of _____ (No. _____ St. _____ Ward _____)

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

Sex of Child M } Twin, Triplet or other } and } Number in order of birth 3 } Legitimate? yes } Date of Birth April 27 1917
 (Month) (Day) (Yr.)

FATHER
 Full Name Albert Hawes
 Residence Black Warrior
 Color or Race white Age at last Birthday 29 (Years)
 Birthplace Central - Arizona
 Occupation Farmer

MOTHER
 Full Maiden Name Alice Cluff
 Residence Black Warrior
 Color or Race white Age at last Birthday 23 (Years)
 Birthplace Pima - Arizona
 Occupation Housewife

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 April 27, 1917, at 4:45 M.

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

(Signature) Cecil M. Cron M.D.
 (Attending physician, midwife, householder)

Given or Christian name added from a supplemental report _____ 191____

Address Miami - Arizona

082-427-136
 COUNTY REGISTRAR.

Filed June 6 1917
 Filed July 5 1917

John H. Tracy
 LOCAL REGISTRAR.
 True Copy BS Jay
 COUNTY REGISTRAR.