4597

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Miami

or

City of _____ (No._____ St._____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141 121

Co. Register No. 268

Local Registrar's No._____

FULL NAME OF CHILD Samuel Joseph Treat

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

Born Alive: YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male		3rd	Yes	May 10 1917

FATHER		MOTHER	
Full Name	Samuel Treat	Full Maiden Name	Molly Frain
Residence	Miami - Arizona.	Residence	Miami - Arizona
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	47	Age at last Birthday (Years)	34
Birthplace	Pennsylvania	Birthplace	Ireland
Occupation	Plasterer	Occupation	Housewife

Number of child of this mother 3rd | Number of Children, of this mother, now living 2 | 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 May 10, 1917, at 1:15 A.M.

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

(Signature) Cyril M. Crow M.D.

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

Address Miami - Arizona

Given or Christian name added from a supplemental report_____191__

Filed June 6 1917 John H. Lacy

LOCAL REGISTRAR.

233-510-465

COUNTY REGISTRAR.

A True Copy

Filed July 5 1917 B. G. Day

COUNTY REGISTRAR.