4625

PLACE OF BIRTH
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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 163 State Index No. 142

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 250

Local Registrar's No.

(No. St; Ward)

JLL NAME OF CHILD Still Born
child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

x of ild Male | Twin, Triplet or other — and Number in order of birth — | Legitimate? Yes | Date of Birth May 21 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
ull Name	Michael J Sullivan	Full Maiden Name	May Mathews
sidence	478 Sycamore	Residence	Same
lor Race	White	Color or Race	White
Age at last Birthday	38 (Years)	Age at last Birthday	30 (Years)
thplace	Atlantic, Mich.	Birthplace	Rockland, Mich
pation	Engineer Power	Occupation	Housewife

r of child of this mother 1 | Number of Children, of this mother, now living 0 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

ereby certify that I attended the birth of the above child; and that it occurred on May 20 1917 at 7 P M.

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

(Signature) C T Sturgeon
(Attending physician, ~~midwife, householder.*~~)

Given or Christian name added from a plemental report 191

Address

Filed May 25 1917 B. G. Tay
LOCAL REGISTRAR.

025-521-442
COUNTY REGISTRAR.

A True Copy

Filed June 5 1917 B. G. Tay
COUNTY REGISTRAR.