

1638

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 **172** State Index No. 1720
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 916

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

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 28 - 1917</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Thomas F. Binkley</u>			Full Maiden Name <u>Helen Ruth Taylor</u>		
Residence <u>Inspiration Camp</u>			Residence <u>Inspiration Camp</u>		
Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>18</u> (Years)	
Birthplace _____			Birthplace <u>Pasadena - Calif.</u>		
Occupation <u>Chauffeur</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>		Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 28, 1917, at 4³⁰ 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*)

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

Address Miami - Arizona
John B. Looney
 LOCAL REGISTRAR.

928-528-839
 COUNTY REGISTRAR.

Filed July 24 1917
 Filed Aug 7 1917
 A True Copy

B. G. Fox
 COUNTY REGISTRAR.