

2245

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of Cortez (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **139** State Index No. **519**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **286**

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

Sex of Child <u>Female</u>	Twin Triplet or other	and	Number in order of birth	Legitimate <u>yes</u>	Date of Birth <u>6/18/1917</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jack Winberg</u>			Full Maiden Name <u>Eleanor Hakela</u>		
Residence <u>Miami Ariz</u>			Residence <u>Miami Ariz</u>		
Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>26</u> (Years)	
Birthplace <u>Finland</u>			Birthplace <u>Finland</u>		
Occupation <u>miner</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 6/18/1917 at 11 P.M.
 *When there is no attending physician or midwife, then the householder should make this return.

(Signature) T. H. Slaughter
 (Attending physician, midwife, householder*)

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

Address Miami Ariz
 Filed June 12 1917
John G. Baer
 LOCAL REGISTRAR.
 Filed July 5 1917
B. J. J. J.
 COUNTY REGISTRAR.

567-618-581
 COUNTY REGISTRAR.