2278

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 113 State Index No. [redacted]

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 470

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Annetta Schockley Born YES Alive NO

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

Sex of Child Female | Twin, Triple or other | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct 4 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	C. B. Schockley	Full Maiden Name	
Residence	Miami	Residence	Miami
Color or Race	W	Color or Race	W
Age at last Birthday	49 (Years)	Age at last Birthday	37 (Years)
Birthplace	US	Birthplace	US
Occupation	Carpenter Contractor	Occupation	HW

Number of child of this mother 7 | Number of Children, of this mother, now living 7 | 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 Oct 4 1917, at 11 P M.

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

(Signature) Nelson D. Brayton

(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report 191

Address John H. Lay

Filed Oct 30 1917

LOCAL REGISTRAR.

128-1004-000

COUNTY REGISTRAR.

Filed Nov 6 1917

A True Copy

B. G. Fox

COUNTY REGISTRAR.