192

PLACE OF BIRTH
County of Gila
District of
Town of Miami
or
City of any

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 134

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 545

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Winifred Isabella Killop

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.)
Female				Yes	Nov 7 1917

FATHER		MOTHER	
Full Name	Edwin Caleb Killop	Full Maiden Name	Winifred Robinson
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	26	Age at last Birthday (Years)	25
Birthplace	Isle of Man England	Birthplace	Isle of Man England
Occupation	Plumber	Occupation	Housewife

Number of child of this mother 1 | Number of Children, of this mother, now living 1 | 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 Nov 7 191 , at 5:4 M.

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

(Signature) Nelson D Brayton
(Attending physician, ~~midwife, householder.~~*)

Address Miami Arizona

Given or Christian name added from a supplemental report 191

Filed Dec 7 1917.

John L. Day
LOCAL REGISTRAR.

626-1107-695
COUNTY REGISTRAR.

Filed Jan 7 1918.

A True Copy
B. G. Fox
COUNTY REGISTRAR.