

PLACE OF BIRTH  
County of Yila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**  
State Index No. 145  
Co. Register No. 526  
Local Registrar's No. \_\_\_\_\_  
(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

Sex of Child M Twin, Triplet or other 1 } and } Number in order of birth 1 Legitimate mate? Y Date of Birth Nov 14 1917  
(Month) (Day) (Yr.)

FATHER  
Full Name Louis Phillip Fink  
Residence Miami  
Color or Race White Age at last Birthday 28 (Years)  
Birthplace Colo  
Occupation Craneman

MOTHER  
Full Maiden Name Xenia H. Rojas  
Residence Miami  
Color or Race Wh Age at last Birthday 21 (Years)  
Birthplace Kansas  
Occupation Homemaker

Number of child of this mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Y

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Nov 14 1917 at 6:30 P.M.

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

(Signature) Charles E. Jones  
(Attending physician, midwife, householder.\*)

Given or Christian name added from a Supplemental report \_\_\_\_\_ 1917

Address Miami

Filed Nov 20 1917

John H. Lacey  
LOCAL REGISTRAR.

362-1114-769  
COUNTY REGISTRAR.

Filed Dec 5 1917  
A True Copy

R. J. Gay  
COUNTY REGISTRAR.