

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

State Index No. 146  
 Co. Register No. 546  
 Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

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

Sex of Child Male } and } Number in order of birth 3rd } Legitimate? yes } Date of Birth Nov. 15 - 1917  
 Twin, Triplet or other \_\_\_\_\_ } \_\_\_\_\_ } \_\_\_\_\_ } \_\_\_\_\_ } (Month) (Day) (Yr.)

FATHER			MOTHER		
Full Name	<u>Frank Link</u>		Full Maiden Name	<u>Emma Zurich</u>	
Residence	<u>Miami - Arizona</u>		Residence	<u>Miami - Arizona</u>	
Color or Race	<u>white</u>	Age at last Birthday <u>44</u> (Years)	Color or Race	<u>white</u>	Age at last Birthday <u>22</u> (Years)
Birthplace	<u>Wurtemberg - Germany</u>		Birthplace	<u>Leeds - S. Dakota</u>	
Occupation	<u>Miner</u>		Occupation	<u>Housewife</u>	

Number of child of this mother 3rd | Number of Children, of this mother, now living 2 | 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. 15, 1917, at 11:30 P.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

Filed Dec 15 1917

John C. Love  
 LOCAL REGISTRAR

662-1115-592  
 COUNTY REGISTRAR.

Filed Jan 7 1918

True Copy  
B. G. Jax  
 COUNTY REGISTRAR.