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Birtcher

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148

Co. Register No. 159

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Birtcher

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

Born Alive YES ~~NO~~

Sex of child: Female	Twin, Triplet or other	and	Number in order of birth	Legitimate? Yes	Date of Birth Mch 16 1918 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Frank Birtcher	Full Maiden Name	Cora Jongburn
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	32 (Years)	Age at last Birthday	25 (Years)
Birthplace	West Va.	Birthplace	Utah
Occupation	Miner	Occupation	House wif

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 Mch 16 1918, at 5 A.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 Ariz.

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

Filed Apr 30 1918. John H [illegible]

LOCAL REGISTRAR.

029-316-315

COUNTY REGISTRAR.

Filed May 7 1918. A True Copy B. G. Fox

COUNTY REGISTRAR.