213

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

Co. Register No. 160

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Ralph Thomas Anglin

Born Alive YES NO

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

Sex of Child M | Twin, Triplet or other 1 | and | Number in order of birth 1 | Legitimate? Y | Date of Birth Mch 22 1918 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Thomas Martin Anglin	Full Maiden Name	Alice Craig
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	27 (Years)	Age at last Birthday	28 (Years)
Birthplace	Arkansas	Birthplace	Arkansas
Occupation	Chauffeur	Occupation	Housewife

Number of child of this mother 4 | Number of Children, of this mother, now living 4 | 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 22 1918, at 2a M.

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

(Signature) Charles E Irvin MD

(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report 191

Address Miami Arizona

Filed Apr 1 1918

John H Roay

LOCAL REGISTRAR.

915-322-137

COUNTY REGISTRAR.

Filed May 7 1918

A True Copy

B. G. Fox

COUNTY REGISTRAR.