

1622

PLACE OF BIRTH

County of Gila
District of Arizona
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 296

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD William Edward Bishop

Born } YES
Allve } NO

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

Sex of Child Male Twin, Fraternal or other _____ and Number in order of birth 2 Legitimate? yes Date of Birth May 25 - 1918
(Month) (Day) (Yr.)

FATHER
Full Name Frederick Lester Bishop
Residence Miami, Arizona

MOTHER
Full Maiden Name Josie C. Blackburn
Residence Miami, Arizona

Color or Race white Age at last Birthday 32
(Years)

Color or Race white Age at last Birthday 32
(Years)

Birthplace Kansas

Birthplace Indiana

Occupation Office man

Occupation Housewife

Number of child of this mother... 2 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 above child; and that it occurred on May 25, 1918, at 8:30 A.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

Address Miami, Arizona

supplemental report _____ 191_____

Filed May 9 1918

John H. Loey
LOCAL REGISTRAR.

627-525-125
COUNTY REGISTRAR.

Filed Aug 6 1918

True Copy B. G. Jay
COUNTY REGISTRAR.