

PLACE OF BIRTH
 County of Gila
 District of Winkelman
 Town of Winkelman
 or
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 131(a)
 Co. Register No. 360
 Local Registrar's No. 1

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of child male } and } Number in order of birth 1 } Legitimate? yes } Date of Birth July 5 1918
 Twin, Triplet or other x } } } } (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name <u>John Russell</u>	Full Maiden Name <u>Lillian Freeman</u>	Residence <u>Winkelman Ariz</u>	Residence <u>Winkelman Ariz</u>
Color or Race <u>white</u>	Color or Race <u>white</u>	Age at last Birthday <u>53</u> (Years)	Age at last Birthday <u>34</u> (Years)
Birthplace <u>Indiana</u>	Birthplace <u>Wheaton Missouri</u>	Occupation <u>Carpenter</u>	Occupation <u>Housewife</u>

Number of child of this mother 6 | Number of Children, of this mother, now living 6 | 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 July 5 1918, at 10 P.M.

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

(Signature) [Signature]
 (Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 1918

Address Winkelman

993-705-365
 COUNTY REGISTRAR.

Filed July 6 1918
 Filed Aug 10 1918

H. Roberts
 LOCAL REGISTRAR.
B. G. Seap
 COUNTY REGISTRAR.

A True Copy