2419

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1[illegible]

Co. Registrar's No. 505

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Miami

or

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

FULL NAME OF CHILD Alvin Thorwald Netterblad | Born Alive | YES ~~NO~~

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

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 1st | Legitimate? yes | Date of Birth Oct 15 1918 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Alvin Netterblad	Full Maiden Name	Lillian Freeman
Residence		Residence	Miami, Arizona
Color or Race	White	Color or Race	white
Age at last Birthday	25 Years	Age at last Birthday	23 Years
Birthplace	Ironwood, Mich.	Birthplace	Safford, Arizona
Occupation	Corporal in Signal Corps	Occupation	Housewife

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 Oct. 15 1918, at 2:30 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.*

Address Miami, Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed Nov 7 1918 John H. Losey LOCAL REGISTRAR.

154-1015-365 COUNTY REGISTRAR.

Filed Dec 5 1918 A True Copy BY [illegible] COUNTY REGISTRAR.