

2426

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. _____
 Co. Registrar's No. 56
 Local Registrar's No. _____

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

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD James Thomas Malin Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child male Twin, Triplet or other } and { Number in order of birth 3 Legitimate? yes Date of Birth Oct 18 1918
 Month Day Yr.

FATHER Full Name <u>Robert Menis Malin</u> Residence <u>Miami</u> Color or Race <u>Caucas.</u> Age at last Birthday <u>34</u> Years Birthplace <u>Livingston Ken.</u> Occupation <u>Miner</u>		MOTHER Full Maiden Name <u>Minnie M. Elmore</u> Residence <u>Miami</u> Color or Race <u>Caucas.</u> Age at last Birthday <u>31</u> Years Birthplace <u>Livingston Ken.</u> Occupation <u>Housewife</u>	
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Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 18 1918 at 5 P. M.

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

Signature Emerson MD. Attending physician, midwife, householder.*
 Address Miami, Ariz
John H. Keedy
 LOCAL REGISTRAR.

Given or Christian name added from a supplemental report _____ 1918
145-1018-448
 COUNTY REGISTRAR.

Filed Nov 7 1918
 Filed Nov 15 1918 A True Copy
B. G. Day
 COUNTY REGISTRAR.