

2440

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 State Index No. 147

ORIGINAL CERTIFICATE OF BIRTH
 Co. Register No. 577
 Local Registrar's No. _____

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

Child Female Twin, Triplet or other _____ } and } Number in order of birth 1 Legit. Yes Date of Birth Oct 26 1918
 (Month) (Day) (Yr.)

FATHER
 Full Name Frank Markward
 Residence Miami Ariz

MOTHER
 Full Maiden Name Ada Morn
 Residence Miami Ariz

Color or Race White Age at last Birthday 27 (Years)

Color or Race White Age at last Birthday 27 (Years)

Birthplace no
 Occupation Banking

Birthplace no
 Occupation H.V.

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 the above child; and that it occurred on Oct 26 1918, at 1230 PM

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

(Signature) W.D. Brayton
 (Attending physician, midwife, householder.)*

When given or Christian name added from a supplemental report _____ 191____

Address Miami Ariz

144-1026-144
 COUNTY REGISTRAR.

Filed Oct 30 1918

John H. Seacy
 LOCAL REGISTRAR

Filed Nov 1 1918 True Copy

B. E. Joy
 COUNTY REGISTRAR.