

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH
 State Index No. _____
 Co. Registrar's No. 35
 Local Registrar's No. _____

FULL NAME OF CHILD Benjamin Clyde Hulko } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } X

Sex of Child M } Twin, Triplet or other 1 } and } Number in order of birth 1 } Legitimate? Y } Date of Birth Nov 10 1918
 Month Day Yr.

FATHER
 Full Name Benjamin Cecil Hulko
 Residence Miami
 Color or Race White Age at last Birthday 24 Years
 Birthplace Indiana
 Occupation Miner

MOTHER
 Full Maiden Name Edith Osborne
 Residence Miami
 Color or Race White Age at last Birthday 21 Years
 Birthplace Colorado
 Occupation Housewife

Number of child of this Mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov 10 1918, at 6:30 P.M.

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

Signature Charles E. Irwin M.D.
 Attending physician, midwife, householder.*

Given or Christian name added from a

Address Miami Ariz.

Supplemental report _____ 1918

Filed March 4 1919

W. B. Brantley
 LOCAL REGISTRAR.

272-1110-565
 COUNTY REGISTRAR.

Filed Mar 7 1919 A True Copy

B. G. Jones
 COUNTY REGISTRAR.