4507

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112

Co. Registrar's No. 5

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

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

FULL NAME OF CHILD Arthur Jay Holstein | Born Alive | YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth (Month / Day / Yr.)
Male	One		One	Yes	Jan 2 1919

FATHER		MOTHER	
Full Name	Jay Holstein	Full Maiden Name	Henrietta Hull
Residence	Miami Ariz.	Residence	Miami Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	30 Years	Age at last Birthday	20 Years
Birthplace	Texas	Birthplace	Texas
Occupation	Miner	Occupation	House wife

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 Jan 2 1919, at 5 A. M.

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

Signature B. W. Hardy MD

Attending physician, ~~midwife, householder.~~*

Address Miami Ariz.

Given or Christian name added from a supplemental report _____ 191__

Filed Feb 1 1919

Wilson O'Brien MD

LOCAL REGISTRAR.

125-102-883

COUNTY REGISTRAR.

Filed Feb 5 1919

A True Copy

B. G. [illegible]

COUNTY REGISTRAR.