

4533

PLACE OF BIRTH
COUNTY REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 25
Co. Register No. 15
Local Registrar's No. _____

County of Gila
District of Hayden
Town of Hayden
or
City of _____ (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Robert Wiley Stark } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Male</u>	Twins, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 17 1919</u> (Month) (Day) (Yr.)
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FATHER			MOTHER		
Full Name <u>Edward Galen Stark</u>	Full Maiden Name <u>Mary Ann Elizabeth Andis</u>	Residence <u>Hayden</u>	Residence <u>Hayden</u>	Color or Race <u>Irish</u>	Age at last Birthday <u>23</u> (Years)
Birthplace <u>Kentucky</u>	Birthplace <u>Texas</u>	Occupation <u>Plumber</u>	Occupation <u>Housewife</u>	Color or Race	Age at last Birthday

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 above child; and that it occurred on Jan 17 1919 at 3 P M.
{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles H. Dowan
(Attending physician, or householder.)*

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

Address Hayden
W. B. Nash
LOCAL REGISTRAR.

922-117-412
COUNTY REGISTRAR.

Filed Jan 18 1919

A True Copy B. G. Soy
COUNTY REGISTRAR.