4543

PLACE OF BIRTH

County of Gila

District of Inspiration

Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

Co. Register No. 21

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Michael Bruinn Feeney

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

Born Alive YES ~~NO~~

Sex of Child male | Twin, Triplet or other and Number in order of birth 5 | Legitimate? yes | Date of Birth Jan (Month) 22 (Day) 1919 (Yr.)

FATHER		MOTHER	
Full Name	Michael J Feeney	Full Maiden Name	Marguerite Martin
Residence	Inspiration	Residence	Inspiration
Color or Race	White	Color or Race	White
Age at last Birthday	50 (Years)	Age at last Birthday	38 (Years)
Birthplace	Iowa	Birthplace	Arizona
Occupation	Miner	Occupation	Housewife

Number of child of this mother 5 | Number of Children, of this mother, now living 5 | 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 1/22 1919, at 5 A M.

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

(Signature) Geo A Paige
(Attending physician, ~~midwife, householder~~.*)

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

Address Inspiration Ariz

Filed Feb 1 1919. Nelson D Brayton M.D.
LOCAL REGISTRAR.

468-122-445
COUNTY REGISTRAR.

Filed Feb 5 1919. A True Copy B. G. Lee
COUNTY REGISTRAR.