

207

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 146
Co. Registrar's No. 120
Local Registrar's No. _____
(No. _____) (St. _____) (Ward _____)

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

Sex of Child	<u>Male</u>	Twin, Triplet or other		and	Number in order of birth	<u>1</u>	Legitimate?	<u>yes</u>	Date of Birth	<u>March 12 - 1919</u>
Full Name	FATHER			MOTHER						
Residence	<u>Jack Hollinger</u>			<u>Bessie Clark</u>						
Color or Race	<u>White</u>	Age at last Birthday	<u>24</u>	Years	Color or Race	<u>White</u>	Age at last Birthday	<u>21</u>	Years	
Birthplace	<u>Irving, Texas</u>			<u>Abolene, Texas</u>						
Occupation	<u>Ariz. Coast. P. R. Clerk</u>			<u>Housewife</u>						
Number of child of this Mother	<u>1</u>	Number of Children, of this mother, now living	<u>1</u>	Were precautions taken against Ophthalmia neonatorum?	<u>yes</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on March 12, 1919, at 3 P. M.
*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a

Address Miami, Arizona

supplemental report _____ 191__

Filed April 1 1919

W. B. Crawford
LOCAL REGISTRAR.

189-312-232
COUNTY REGISTRAR.

Filed Apr 5 1919 A True Copy

B. G. Fox
COUNTY REGISTRAR.