4856

MARGIN RESERVED FOR BINIDNG

Write Plainly with Unfading Ink.—This is a Permanent Record.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 270

Co. Register No. 313

Local Registrar's No. 75

PLACE OF BIRTH

County of Greenlee

District of

Town of

City of Clifton (No. St; Ward)

FULL NAME OF CHILD William Edmund Shirk — Born Alive YES ~~NO~~

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

Sex of Child M | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? + | Date of Birth 5 (Month) 27 (Day) 1919 (Yr.)

FATHER		MOTHER	
Full Name	William Maxwell Shirk	Full Maiden Name	Maria Dolores Birault
Residence	Clifton	Residence	Clifton
Color or Race	W.	Color or Race	W
Age at last Birthday	34 (Years)	Age at last Birthday	33 (Years)
Birthplace	Pa	Birthplace	N. J
Occupation	RR Clerk	Occupation	Hswfe

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 5/27 1919, at 11.30 P.M.

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

(Signature) David Thomson (Attending physician, midwife, householder.*)

Address Clifton

Given or christian name added from a supplemental report ..... 19 ....

Filed 8-7 1919

Filed 8-7- 1919

622-527-423

COUNTY REGISTRAR.

[signature] LOCAL REGISTRAR.

A True Copy L. A. W. Burtch COUNTY REGISTRAR.