2434

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122

Co. Registrar's No. 345

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of .....
or
City of Miami

(No. ..... St. ..... Ward)

FULL NAME OF CHILD Evelyn May Clifford

Born Alive YES NO

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

Sex of Child Fr | Twin, Triplet or other 1 | and | Number in order of birth 1 | Legitimate? Y | Date of Birth June 13 1919 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Irwin Samuel Clifford	Full Maiden Name	Elnora Montierth
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	30 Years	Age at last Birthday	20 Years
Birthplace	Arizona	Birthplace	Arizona
Occupation	Mill Man	Occupation	Housewife

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 the above child; and that it occurred on June 13 1919 at 6 A M.

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

Signature Charles E Irwin MD
Attending physician, ~~midwife, householder.~~*

Address Miami Arizona

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

Filed June 15 1919

N D Brayton
LOCAL REGISTRAR.

534-613-548
COUNTY REGISTRAR.

Filed JUL 7 1919 191..

True Copy

B S Sox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.