2442

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 128

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 350

Local Registrar's No.

(No. Miami Insp. Hospital St; Ward)

FULL NAME OF CHILD John Reed McMurray

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: X | and | Number in order of birth: — | Legitimate? Yes | Date of Birth: June 17 1919 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	John Reed McMurray	Full Maiden Name	Karen Christensen
Residence	Miami Az.	Residence	Miami Az.
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	40	Age at last Birthday (Years)	27
Birthplace	Canada	Birthplace	Utah
Occupation	Millwright Foreman	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 17 1919, at 2:30 P.M.

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

(Signature) John E. Bacon

(Attending physician, midwife, householder.*)

Address Miami, Az.

Given or Christian name added from a supplemental report 191

Filed June 19 1919. W. D. Brayton

LOCAL REGISTRAR.

148-617-335

COUNTY REGISTRAR.

Filed JUL 7 1919.

A True Copy

COUNTY REGISTRAR.