2454

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136

Co. Registrar's No. 422

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St: _____ Ward)

FULL NAME OF CHILD John Albert Bice

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

Born Alive: YES ✓ NO

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month Day Yr.)
M	1		1	Y	June 20 1919

FATHER		MOTHER	
Full Name	John Henry Bice	Full Maiden Name	Gertrude Isabelle Brandt
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	35 Years	Age at last Birthday	25 Years
Birthplace	Michigan	Birthplace	Calif
Occupation	Fireman	Occupation	H

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on June 20 1919, at 4:30 P.M.

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

Signature Charles E. Grim M.D.

Attending physician, ~~midwife, householder.*~~

Address Miami

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

Filed July 6 1919

W. D. Brayton

LOCAL REGISTRAR.

125-620-723

COUNTY REGISTRAR.

A True Copy

Filed SEP 2 1919

B. G. Joy

COUNTY REGISTRAR.

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