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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145

Co. Registrar's No. 666

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 Thomas Coons Hamblin

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 | and | Number in order of birth 9 | Legitimate? yes | Date of Birth July 28 1919 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Thomas Paul Hamblin	Full Maiden Name	Mary Coons Malvina
Residence	Miami - Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	58 Years	Age at last Birthday	39 Years
Birthplace	Santa Clara, Utah	Birthplace	Brigham City - Ariz.
Occupation	Millman	Occupation	Housewife

Number of child of this Mother 9 | Number of Children, of this mother, now living 8 | 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 July 28, 1919, at ____ M.

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

Signature Cyril M. Cron M.W.

Attending physician, midwife, householder.*

Address Miami - Ariz.

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

Filed Dec 25 1919

N D Bonyton

LOCAL REGISTRAR.

385-728-441

COUNTY REGISTRAR.

A True Copy

Filed Dec 28 1919

B. G. [illegible]

COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Ph... or midwife with each local Registrar within 5 days after birth.