202

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149

Co. Registrar's No. 427

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 George Bell

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	July 30 1919

FATHER		MOTHER	
Full Name	George Bell	Full Maiden Name	Clyde Feeney
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	33 Years	Age at last Birthday	29 Years
Birthplace	Scotland	Birthplace	Texas
Occupation	Machinist	Occupation	H.

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | 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 30 1919, at 29 M.

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

Signature Charles E Irwin M D

Attending physician, ~~midwife, householder.~~

Address Miami

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

Filed July 6 1919

N. D. Brayton

LOCAL REGISTRAR.

723-730-368

COUNTY REGISTRAR.

Filed SEP 9 1919

A True Copy

B. G. Fox

COUNTY REGISTRAR.

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