

796

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of Arizona
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 06
Co. Register No. 1579
Local Registrar's No. _____
(No. _____ St. _____ Ward)

FULL NAME OF CHILD Mabel Woodburn } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } and } Number in order of birth 6 } Legitimate? yes } Date of Birth Aug. 11 - 1919
Twin, Triplet or other } } } } } (Month) (Day) (Yr.)

FATHER
Full Name Abram Woodburn
Residence Miami, Arizona
Color or Race white Age at last Birthday 34 (Years)
Birthplace Lancashire, England
Occupation Supply man

MOTHER
Full Maiden Name Clara Jane Dodd
Residence Miami, Arizona
Color or Race white Age at last Birthday 30 (Years)
Birthplace Lancashire, England
Occupation Housewife

Number of child of this mother.....6 Number of children, of this mother, now living.....6 Were precautions taken against Ophthalmia neonatorum?.....yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug. 11, 1919, at 11:30 P.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Cyril M. Crow M.D.
(Attending physician, midwife, householder.*)
Address Miami, Arizona

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

Filed Nov 17 1919 LOCAL REGISTRAR.
A True Copy B. E. Day
Filed 11/22 1919 COUNTY REGISTRAR.

4165-811-544
COUNTY REGISTRAR.