2315

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141

Co. Register No. 5

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Archie Lee Perkins

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		5	Y	Oct 5 1919

FATHER		MOTHER	
Full Name	James Elam Perkins	Full Maiden Name	Mora Austin
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday (Years)	46	Age at last Birthday (Years)	31
Birthplace	Texas	Birthplace	Arizona
Occupation	Mechanic	Occupation	H.

Number of child of this mother 5 | Number of children, of this mother, now living 5 | 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 Oct 5 1919 at 12:20 a.M.

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

(Signature) Charles E. Irvin M.D.
(Attending physician, ~~midwife, householder.~~*)

Address Miami

Given or christian name added from a supplemental report 191

Filed 11/30/1920

T H Slaughter
LOCAL REGISTRAR.

172-1005-415
COUNTY REGISTRAR.

Filed Feb 5 1920

A True Copy B G Jay
COUNTY REGISTRAR.