PLACE OF BIRTH

County of Gila

District of Arizona

Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 189

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 650

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD John James Walker

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: 3 | Legitimate? yes | Date of Birth: Nov. 21 (Month) (Day) 1919 (Yr.)

FATHER		MOTHER	
Name	John Walker	Full Maiden Name	Gertrude O'Brien
Residence	Miami - Arizona	Residence	Miami - Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	27 (Years)	Age at last Birthday	26 (Years)
Birthplace	Pittsburg - Pa.	Birthplace	Denver - Colo.
Occupation	Crane man	Occupation	Housewife

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 Nov. 21, 1919, at 11 A.M.

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

(Signature) Cyril M. Cron M.D.
(Attending physician, ~~midwife, householder.~~*)

Address Miami - Arizona

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

Filed Nov 30 1919.

Geo Bradford
LOCAL REGISTRAR.

169-1121-765
COUNTY REGISTRAR.

Filed 1/20 1919.

A True Copy
B. G. Jay
COUNTY REGISTRAR.