

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 198

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 50

Town of _____

Local Registrar's No. 70-12

City of Hayden

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Frank Robert Colwell

Born YES
Alive NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate yes Date of Birth Jan 29 1920
(Month) (Day) (Yr.)

FATHER
Full Name Frank Colwell
Residence Hayden - Ariz
Color or Race Am Age at last Birthday 36 (Years)
Birthplace Illinois
Occupation Laborer

MOTHER
Full Maiden Name Gertha Young
Residence Hayden Ariz
Color or Race Am Age at last Birthday 26 (Years)
Birthplace Illinois
Occupation Housewife

Number of child of this mother 31 Number of children, of this mother, now living 21 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of above child; and that it occurred on Jan 29 1920 at 11 P.M.

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

(Signature) Leonard J. Wood M.D.
(Attending physician, midwife, householder, etc.)

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

Address Winkelman, Ariz

Filed Jan 31 1920

W.B. [Signature]
LOCAL REGISTRAR.

633-129-787
COUNTY REGISTRAR.

Filed Feb 9 1920

A True Copy B. E. [Signature]
COUNTY REGISTRAR.