ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

Co. Registrar's No. 108

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 Baby Berry

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.)
F	1		2	Y	February 12 1920

FATHER		MOTHER	
Full Name	Albert Frederick Berry	Full Maiden Name	Augusta Mary Engel
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	37 Years	Age at last Birthday	33 Years
Birthplace	Texas	Birthplace	Texas
Occupation	Carpenter	Occupation	H.

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 Feb 12 1920, at 2P M.

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

Signature Charles E. Irvin

Attending physician, midwife, householder.*

Address Miami

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

Filed 2/28/1920

A True Copy

H Slaughter

LOCAL REGISTRAR.

229-212-153

COUNTY REGISTRAR.

Filed Mar 6 1920

B. G. Fox

COUNTY REGISTRAR.

... the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.