ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173

Co. Registrar's No. 137

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St; Ward)

FULL NAME OF CHILD Ray Junius McNeil

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

Born Alive YES ~~NO~~

Sex of Child M | Twin, Triplet or other 1 | and | Number in order of birth 3 | Legitimate? Y | Date of Birth Feb 26 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Joseph F McNeil	Full Maiden Name	Emma Thomas
Residence	Playpool	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	29 Years	Age at last Birthday	23 Years
Birthplace	Old Mexico	Birthplace	Utah
Occupation	Mechanic	Occupation	N

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb 26 1920, at 8 a M.

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

Signature Charles E Dunn

Attending physician, midwife, householder.*

Address Miami

Given or Christian name added from a supplemental report 191

Filed 2/28/1920

T H Slaughter

LOCAL REGISTRAR.

943-226-532

COUNTY REGISTRAR.

Filed Mar 6 1920

A True Copy

B G Fox

COUNTY REGISTRAR.

[illegible] 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.