ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129

Co. Registrar's No. 160

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 Mary Helen Thurston

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
Female				yes	Mar. 4, 1920 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Ralph Victor Thurston	Full Maiden Name	Emily Kennedy
Residence	Miami, Ariz.	Residence	Miami, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	35 Years	Age at last Birthday	29 Years
Birthplace	Wisconsin	Birthplace	Tenn.
Occupation	Metallurgist	Occupation	Housewife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 Mar 4, 1920, at 2:55 P.M.

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

Signature C R Swackhamer M.D.

Attending physician, ~~midwife, householder~~.*

Address Miami, Ariz.

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

Filed 3/16/1920

T H Slaughter

LOCAL REGISTRAR.

435-304-528

COUNTY REGISTRAR.

Filed 3/18 1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.

Physician ... within 5 days after birth.