

PLACE OF BIRTH  
COUNTY REGISTER WILL IN 6 DAYS AFTER BIRTH.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Gila  
District of Winkelmann  
Town of Winkelmann  
or  
City of \_\_\_\_\_  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

ORIGINAL CERTIFICATE OF BIRTH  
State Index No. 43  
Co. Registrar's No. 192  
Local Registrar's No. 1

FULL NAME OF CHILD Emmett S. Claunch Jr. Born  YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth March 10 1920  
Month Day Yr.

FATHER  
Full Name Emmett S. Claunch  
Residence Winkelmann Ariz  
Color or Race Am. Age at last Birthday 30 Years  
Birthplace Washington  
Occupation Fireman P.R.

MOTHER  
Full Maiden Name Cathleen Graves  
Residence Winkelmann Ariz  
Color or Race Am. Age at last Birthday 25 Years  
Birthplace Stamilton Ariz  
Occupation Housewife

Number of child of this Mother 5 Number of Children, of this mother, now living 5 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 March 10 1920 at 6 A.M.  
\*When there is no attending physician or midwife, then the householder should make this return.

Signature Lionel J. Wood MD  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Winkelmann Ariz

538-310-372  
COUNTY REGISTRAR.

Filed March 31 1920

Filed Apr 7 1920

A True Copy

W. Roberts  
LOCAL REGISTRAR.

Des Jay  
COUNTY REGISTRAR.