[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151

Co. Registrar's No. 150

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 Patricia Murphy

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		3	Y	Mch 17 1920

FATHER		MOTHER	
Full Name	Mike D. Murphy	Full Maiden Name	Mary Murphy
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	34 Years	Age at last Birthday	27 Years
Birthplace	Ireland	Birthplace	Arizona
Occupation	Miner	Occupation	H

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Mch 17 1920, at 9 P. M.

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

Signature Charles E. Finn M.D.

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

Address Miami

Given or Christian name added from a supplemental report _____ 191__

Filed 3/31/1920 T. H. Slaughter

LOCAL REGISTRAR.

448-317-448

COUNTY REGISTRAR.

A True Copy

Filed 3/24 1920 [illegible]

COUNTY REGISTRAR.

Certificate must be filed by the attending Physician or midwife with local Registrar within 5 days after birth.