ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168

Co. Registrar's No. 193

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of Winkelman

Town of Winkelman

or

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Alma Berenice Caton

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.)
Female				yes	March 29 1920

FATHER		MOTHER	
Full Name	James P. Caton	Full Maiden Name	Alma Ruth Mattson
Residence	Winkelman Ariz	Residence	Winkelman Ariz
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	29 Years	Age at last Birthday	20 Years
Birthplace	Alabama	Birthplace	San Francisco
Occupation	Mechanic (Auto)	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 Mch 29 1920, at 11:15 a.m.

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

Signature Leonard Silbert M.D.

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

Address Winkelman Ariz

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

Filed Mch 31 1920

W. D. Roberts

LOCAL REGISTRAR.

135-329-175

COUNTY REGISTRAR.

A True Copy

Filed Apr 7 1920

B. G. [illegible]

COUNTY REGISTRAR.

*To be filed with each local Registrar within 5 days after birth.