[redacted]

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

Co. Register No. 211

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Margaret Service

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

Born YES / Alive NO

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
F	1		3	Yes	April 5 1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Roy B Service	Full Maiden Name	Verda Rogers
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	32 (Years)	Age at last Birthday	32 (Years)
Birthplace	Mich.	Birthplace	Mo.
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? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on April 5 1920, at 3 a M.

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

(Signature) Charl E. Tim

(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Miami Ariz

Filed 4/28/1920

T H Slaughter

LOCAL REGISTRAR.

425-405-592

COUNTY REGISTRAR.

Filed May 3 1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.