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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

Co. Registrar's No. 267

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami
or
City of _____

(No. Miami Inspiration Hospital St; _____ Ward)

FULL NAME OF CHILD William Oscar Pemberton | Born Alive | YES ~~NO~~

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

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

FATHER		MOTHER	
Full Name	Frank Jennings Pemberton	Full Maiden Name	May Isabel MacDonald
Residence	Claypool, Ariz.	Residence	Claypool, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	24 Years	Age at last Birthday	25 Years
Birthplace	Roosevelt, Ariz.	Birthplace	Philadelphia, Pa.
Occupation	Machinist	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 May 11, 1920 at 2 P. M.

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

Signature Fa Fa Miller M.D.
Attending physician, midwife, householder.*

Address Miami, Ariz.

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

Filed 5/15/ 1920 T. H. Claughton
LOCAL REGISTRAR.

675-510-544
COUNTY REGISTRAR.

Filed May 20 1920 A True Copy B. G. Fox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.