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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 160

District of Winkelmann

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 369

Town of Winkelmann

Local Registrar's No. 1

City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Joseph Navell Blake } 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 May 17 1920  
(Month) (Day) (Yr.)

FATHER  
Full Name Garfield Blake  
Residence Winkelmann Ariz  
Color or Race W Age at last Birthday 40 (Years)  
Birthplace Arizona  
Occupation Rancher

MOTHER  
Full Maiden Name Lily M. Loby  
Residence Winkelmann Ariz  
Color or Race W Age at last Birthday 25 (Years)  
Birthplace Texas  
Occupation Housewife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 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 May 17 1920 at 6:30 P.M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. }  
(Signature) Revised Alwood MD  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report .....191.....  
Address Winkelmann, Ariz

Filed June 7 1920 A True Copy  
COUNTY REGISTRAR. B. G. Gray LOCAL REGISTRAR. Ed Roberts  
COUNTY REGISTRAR.

125-517-334  
COUNTY REGISTRAR.