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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128

Co. Registrar's No. 405

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 William Ashdown Warch

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin~~, Triplet or other: | and | Number in order of birth: 2 | Legitimate? yes | Date of Birth: July 6 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	William Ford Warch	Full Maiden Name	Rowena Ethel Glass
Residence	Miami - Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	32 Years	Age at last Birthday	30 Years
Birthplace	Lethbridge, Alberta, Canada	Birthplace	San Ramon, Cal.
Occupation	Metallurgist	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 the above child; and that it occurred on July 6, 1920, at 4:50 A.M.

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

Signature Cyril M. Crow M.D.

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

Address Miami, Arizona

Given or Christian name added from a supplemental report 191

Filed 7/20/1920 T. H. Slaughter LOCAL REGISTRAR.

648-706-972 COUNTY REGISTRAR.

Filed 7-22-1920 A True Copy B. G. Fox COUNTY REGISTRAR.

The number of each, in order of birth, should be filled by the attending physician or midwife with each local Registrar within 5 days after birth.