2141

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178

Co. Registrar's No. 406

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 Marion Bernice McBride

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

Born Alive YES ~~NO~~

Sex of Child 71 | Twin, Triplet or other 1 | and | Number in order of birth 1 | Legitimate? Y | Date of Birth July 6 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Clyde McBride	Full Maiden Name	Zela May Sein
Residence	Claypool	Residence	Claypool
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	23 Years	Age at last Birthday	19 Years
Birthplace	Arizona	Birthplace	Texas
Occupation	Mechanic	Occupation	N

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 July 6 1920 at 10:45 A.M.

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

Signature Charles E. Tom M.D.

Attending physician, midwife, householder.*

Address Miami

Given or Christian name added from a supplemental report 191

445-706-925

COUNTY REGISTRAR.

Filed 7/15/1920

Filed 7/20 1920

A True Copy

T. H. Slaughter

LOCAL REGISTRAR.

B. S. Fox

COUNTY REGISTRAR.

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