2179

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 208

Co. Registrar's No. 434

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 Ben Kirker

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

Born Alive: YES ~~NO~~

Sex of Child: M | Twin, Triplet or other: 1 | and | Number in order of birth: 5 | Legitimate? Yes | Date of Birth: July 24 1920 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Roberto Kirker	Full Maiden Name	Candida Elicio
Residence	Miami	Residence	Miami
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	26 Years	Age at last Birthday	23 Years
Birthplace	Mexico	Birthplace	New Mexico
Occupation	Tataren	Occupation	N

Number of child of this Mother: 5 | Number of Children, of this mother, now living: 5 | 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 24 1920, at 9 P.M.

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

Signature Charles E. Irvin M.D.
Attending physician, ~~midwife,~~ householder.*

Address Miami

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

Filed 7/20/1920

T. H. Slaughter
LOCAL REGISTRAR.

229-724-356
COUNTY REGISTRAR.

Filed Aug 2 1920

A True Copy

B. G. Fox
COUNTY REGISTRAR.

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