

2181

Please file this certificate with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 310

PLACE OF BIRTH
County of Gila
District of _____
Town of _____
or
City of Miami

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 449
Local Registrar's No. _____

FULL NAME OF CHILD Selma Watson (No. _____ St. _____ Ward _____)
If child is not named, make Supplemental Report on blank obtainable from local registrar. Born YES
Alive ~~NO~~

Sex of Child F Twin, Triplet or other _____ and Number in order of birth 1st Legitimate? yes Date of Birth July 24 1920
Month Day Yr.

FATHER
Full Name Elisha Watson
Residence Inspiration
Color or Race White Age at last Birthday 36 Years
Birthplace Texas
Occupation Miner

MOTHER
Full Maiden Name Vessie Irma Medlock
Residence Inspiration
Color or Race White Age at last Birthday 27 Years
Birthplace Tex
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 7/24 1920, at 6:30 P.M.

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

Signature God Paige
Attending physician, midwife, or householder.*

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

Address Inspiration

265-224-542
COUNTY REGISTRAR.

Filed 7-29-20 1920
Filed 8-9 1920 A True Copy

H. S. ...
LOCAL REGISTRAR.
B. S. ...
COUNTY REGISTRAR.