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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 198

Co. Registrar's No. 506

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Baby Fohey

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 1 | Legitimate? yes | Date of Birth 8/ 27/ 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	F. M. Fohey	Full Maiden Name	Louise Maxwell
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	43 Years	Age at last Birthday	39 Years
Birthplace	American Mich	Birthplace	American Tenn
Occupation	Miner	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 8/ 27/ 1920 at 4 A.M.

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

Signature T H Slaughter

Attending physician, midwife, householder.*

Address Miami Ariz

Given or Christian name added from a supplemental report ..... 191..

Filed 8/27/1920

T H Slaughter

LOCAL REGISTRAR.

068-827-343

COUNTY REGISTRAR.

Filed 8/31/1920

A True Copy

B. S. Fox

COUNTY REGISTRAR.

not named Lived 24 hours

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