281

Damaged Document(s)

...F BIRTH

County of Gila

Distric t of

Town of Miami
or
City o f

ARIZONA STATE
BUREAU OF VITAL STATIS
ORIGINAL CERTIFICATE OF

(No.

FULL NAME OF CHILD Thomas Cathorne

If chi id is not named, make Supplemental Report on blank obtainable fr

Sex o f Child	Male	~~Twin~~, ~~Triplet~~ or other	and	Number in order of birth 1	Legiti mate?

FATHER			
Full Name	Evan Rosser	Full Maiden Name	Florence
Residence	Miami, Arizona	Residence	Miami,
r ace	White	Age at last Birthday 27 Years	Color or Race: Whil
hplace	Butte, Montana	Birthplace	Butte - Montana
upation	Repair man	Occupation	Housen

Age at la Birthday 20 Years

umber of child of this Mother 1 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmi

CERTIFICATE OF ATTENDING PHYSICIAN OR M E*

hereby certify that I attended the birth of the above child; and that it occurred ...

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

Signature Cyril M
Attending physician, w

iven Given or Christian name added from a

Address Miar

lem upplemental report 191

Filed 8/3/ 1912

399-828-655
COUNTY REGISTRAR.

Filed 8/8 1920

A True Copy