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PLACE OF BIRTH

County of Graham

District of Safford

Town of Pinkey

or

City of .....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 215

Co. Register No. 201

Local Registrar's No. 167

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

FULL NAME OF CHILD Calvin

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

Born Alive: YES ~~NO~~ yes

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male	X		X	Yes	Aug 3 1920

FATHER		MOTHER	
Full Name	Wm Acel, Calvin	Full Maiden Name	Nettie Buhl,
Residence	Eden	Residence	Eden
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	23	Age at last Birthday (Years)	20
Birthplace	Eden	Birthplace	Pima
Occupation	Farmer,	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 occured on Aug 3 1920, at 7:30 A.M.

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

(Signature) J. W. Morris,

(Attending physician, midwife, householder.*)

Address Safford, Ariz.

Given or Christian name added from a supplemental report 1920

Filed 9-5 1920

Alma Burns

LOCAL REGISTRAR.

635-803-523

COUNTY REGISTRAR.

A True Copy

Filed 9-10 1920

J. H. Stratton

COUNTY REGISTRAR.