4204

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162

Co. Registrar's No. 538

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 Beulah May Cobb

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

Born Alive YES ~~NO~~

Sex of Child Female | Twin, Triplet or other One | and | Number in order of birth One | Legitimate? Yes | Date of Birth Sept 13 1920 (Month Day Yr.)

FATHER	MOTHER
Full Name Lloyd Turner Cobb	Full Maiden Name Alice Armilda Theil.
Residence Miami Ariz	Residence Miami Ariz.
Color or Race White. Age at last Birthday 35 Years	Color or Race White Age at last Birthday 26 Years
Birthplace So. Carolina.	Birthplace Arizona
Occupation Merchant	Occupation House wife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 Sept 13 1920, at 5 P. M.

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

Signature B. W. Hardy M.D.

Attending physician, ~~midwife, householder~~.*

Address Miami Ariz.

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

Filed 9/21 1920

T H Clancy

LOCAL REGISTRAR.

232-913-133

COUNTY REGISTRAR.

Filed 9-25 1920

A True Copy

B. G. Jay

COUNTY REGISTRAR.

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