4214

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171

Co. Registrar's No. 545

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Claypool

or

City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD Alice Harriett Merrigan | Born Alive | YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month / Day / Yr.)
F	1		2	Y	Sept 20 1920

FATHER		MOTHER	
Full Name	Thos. J. Merrigan	Full Maiden Name	Ruby McMillen
Residence	Claypool	Residence	Claypool
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	30 Years	Age at last Birthday	23 Years
Birthplace	Montana	Birthplace	Mo.
Occupation	Craneman	Occupation	X

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 20 1920, at 11:55 P.M.

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

Signature Charles E. Irvin M.D.
Attending physician, midwife, householder.*

Address Miami

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

Filed 9/29/ 1920

T. H. S. Laughlin
LOCAL REGISTRAR.

145-920-945
COUNTY REGISTRAR.

Filed Oct 1 1920

A True Copy

B. G. Fox
COUNTY REGISTRAR.

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