

4227

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

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of Miami
 or
 City of _____ (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 183
 Co. Registrar's No. 571
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD No Name - Premature Infant. } Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive NO

Sex of Child Female } and } Number in order of birth 2 } Legitimate yes } Date of Birth Sept 20 1920
 Twin, Triplet or other } } } } } Month Day Yr.

FATHER
 Full Name Joseph M. Martin
 Residence Miami - Arizona
 Color or Race White Age at last Birthday 36 Years
 Birthplace Germany
 Occupation Boiler maker

MOTHER
 Full Maiden Name Ester Swander
 Residence Miami, Arizona
 Color or Race White Age at last Birthday 26 Years
 Birthplace St. Louis, Mo.
 Occupation Housewife

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. 25, 1920 at 11:30 P.M.

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

Signature Cyril M. Crow M.D.
 Attending physician, midwife, householder.

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

Address Miami, Arizona

045-925-529
 COUNTY REGISTRAR.

Filed 10/9/20 1920

T.H. Slaughter
 LOCAL REGISTRAR.

Filed 10-10 1920 A True Copy

R. G. Fox
 COUNTY REGISTRAR.