2164

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

Co. Registrar's No. 595

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 Annie Marie Satara

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 | and | Number in order of birth 1 | Legitimate? yes | Date of Birth Oct. 6 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	John Satara	Full Maiden Name	Annie Marion Glenovich
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Austrian	Color or Race	Austrian
Age at last Birthday	37 Years	Age at last Birthday	23 Years
Birthplace	Yangena, Austria	Birthplace	Leeds, South Dakota
Occupation	Carpenter	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 occurred on Oct. 6, 1920 at 11 45 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~~.*

Address Miami, Arizona

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

Filed 10/30/1920 T. H. Slaughter LOCAL REGISTRAR.

121-1006-176 COUNTY REGISTRAR.

A True Copy

Filed 11-5 1920 B. G. Fox COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.