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PLACE OF BIRTH

County of Gila

District of

Town of Miami
or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127

Co. Register No. 678

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Fred Martin Buck

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

Born Alive Yes ~~No~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M	1		2	Y	Nov 6 1920

FATHER		MOTHER	
Full Name	Fred S Buck	Full Maiden Name	Anna Martin
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	30	Age at last Birthday (Years)	28
Birthplace	Montana	Birthplace	Montana
Occupation	Electrician	Occupation	1x

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*

hereby certify that I attended the birth of the above child; and that it occurred on Nov 6 1920, at 6:30 A M.

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

(Signature) Charles E. Irwin M.D.
(Attending physician, ~~midwife, householder.*)~~

Address Miami Arizona

Given or Christian name added from a supplemental report 192

Filed 11/30 1920

T H Slaughter
LOCAL REGISTRAR.

622-1106-145
COUNTY REGISTRAR.

Filed 12/8 1920

A True Copy

B. G. [illegible]
COUNTY REGISTRAR.