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

PLACE OF BIRTH
 County of Pima
 District of _____
 Town of Hayden
 or _____
 City of _____
 (No. Ray-Cox Hospital Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 161
 Co. Registrar's No. 666
 Local Registrar's No. 74

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Margaret Alice Phillips } 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 1st } Legitimate? yes } Date of Birth Nov 21 1920
 Twin, Triplet or other } or other } of birth } mate? } Month Day Yr.

FATHER
 Full Name Bruner Ely Phillips
 Residence Hayden Arizona
 Color or Race white Age at last Birthday 27 Years
 Birthplace Cassadaga New York
 Occupation Dental Surgeon

MOTHER
 Full Maiden Name Algie Mae Henry
 Residence Hayden Arizona
 Color or Race white Age at last Birthday 25 Years
 Birthplace Corsicana Texas
 Occupation Housewife

Number of child of this Mother I Number of Children, of this mother, now living I 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 Nov. 21 1920 at 10 a.m.
 *When there is no attending physician or midwife, then the householder should make this return.

Signature Dr. W. G. Carson
 Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 191____
 Address Hayden, Arizona

472-1121-448
 COUNTY REGISTRAR.

Filed Nov 21 1920
 Filed 12/8 1920

A True Copy
M. P. North
 LOCAL REGISTRAR.
B. S. Joy
 COUNTY REGISTRAR.