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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gila,

District of Globe,

Town of Globe,
or
City of

State Index No. 102

Co. Registrar's No. 688

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD James Berryman,

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

Born Alive YES

Sex of Child Male | Twin, Triplet or other and Number in order of birth | Legitimate? Yes | Date of Birth 11 (Month) 21 (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Samuel Berryman,	Full Maiden Name	Lillian Marks,
Residence	Copper Hill,	Residence	Copper Hill,
Color or Race	White	Color or Race	White
Age at last Birthday	30 Years	Age at last Birthday	30 Years
Birthplace	England.	Birthplace	England,
Occupation	Mill-man	Occupation	Housewife,

Number of child of this Mother 5 | Number of Children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 12,30

I hereby certify that I attended the birth of the above child; and that it occurred on 11-21 191.., at A,M.

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

Signature L. E. Wightman
Attending physician, ~~midwife, householder.~~*

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

Address Globe, Ariz.

Filed 11/23 1920

B. G. Fox
LOCAL REGISTRAR.

125-1121-342
COUNTY REGISTRAR.

A True Copy

Filed 12/6 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.