

1167

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS

State Index No. 107

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 736

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Mr Howard Marcus Magruder { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } NO

Sex of Child Male Twin, Triplet or other _____ } and { Number in order of birth 1 Legitimacy Yes Date of Birth Dec 8 1920
(Month) (Day) (Yr.)

FATHER
Full Name Howard Magruder
Residence Claypool Miami, Arizona
Color or Race White Age at last Birthday 21 (Years)
Birthplace Louisiana
Occupation Miner

MOTHER
Full Maiden Name Dorothy Calkins
Residence Claypool, Arizona
Color or Race White Age at last Birthday 19 (Years)
Birthplace Arizona
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*

AM

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 8 1920, at 2.05M.

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

(Signature) Ed. Prigo
(Attending physician, midwife, householder.)*

Address Miami, Ariz.

Given or Christian name added from a supplemental report _____ 192 _____

Filed 12/10 1920

J. H. Laughlin
LOCAL REGISTRAR.

849-1208-432
COUNTY REGISTRAR.

A True Copy
Filed 12-27 1920

B. G. Jew
COUNTY REGISTRAR.