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one 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.

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of Miami
 or
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 182
 Co. Registrar's No. 773
 Local Registrar's No. _____

FULL NAME OF CHILD Frank E. Robertson Jr 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 Legitimate yes Date of Birth Dec 26 1920
 Month Day Yr.

FATHER
 Full Name Frank E. Robertson
 Residence Miami, Arizona
 Color or Race White Age at last Birthday 43 Years
 Birthplace Cook Co., Oregon
 Occupation Miner

MOTHER
 Full Maiden Name Vida Sutherland
 Residence Miami, Arizona
 Color or Race White Age at last Birthday 34 Years
 Birthplace New Mexico, La Luz
 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 Dec 26, 1920 at 4²⁵ P.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }

Signature Doris M. Crow M.D.
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191

Address Miami, Arizona

695-1226-524
 COUNTY REGISTRAR.

Filed 12/30/1920
 Filed 1-6 1921
 A True Copy

J. H. Slaughter
 LOCAL REGISTRAR.
B. J. Gray
 COUNTY REGISTRAR.