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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 145

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 13

Local Registrar's No.

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

FULL NAME OF CHILD William Ovid Malin } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child male } and } Number in order of birth 4 } Legitimate? yes } Date of Birth Jan-6- 1921
Twin, Triplet or other } } } } } Month Day Yr.

FATHER
Full Name Robert Malin
Residence Warrior Siding
Color or Race white Age at last Birthday 37 Years
American
Birthplace Ky.
Occupation Laborer

MOTHER
Full Maiden Name Minnie McEmery
Residence Warrior Siding
Color or Race white Age at last Birthday 34 Years
American
Birthplace Ky.
Occupation Housewife

Number of child of this Mother 4 Number of Children, of this mother, now living 3 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 Jan-6- 1921, at 1 A.M.

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

Signature [Signature]
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191

Address Miami Ariz
B. N. Hardy M.D.
LOCAL REGISTRAR.

645-106-4418
COUNTY REGISTRAR.

Filed Jan 13 1921
A True Copy
Filed Feb 10 1921

B. J. Jiat
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.