2144

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149

Co. Registrar's No. 15

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Miami

Town of

or

City of ..... (No. ..... St: ..... Ward)

FULL NAME OF CHILD Guy Leonard Comstock

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

Born Alive: YES ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month / Day / Yr.) |
|---|---|---|---|---|---|
| M | 1 | | 2 | Y | Jan 7 1921 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Guy H Comstock | Full Maiden Name | Rosa Henderson |
| Residence | Claypool | Residence | Claypool |
| Color or Race | Wh | Color or Race | Wh |
| Age at last Birthday | 27 Years | Age at last Birthday | 24 Years |
| Birthplace | Mo | Birthplace | Mo |
| Occupation | Chauffeur | Occupation | H |

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 7 1921, at 3:30 A.M.

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

Signature Charles E. Jim M.D.
Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed Jan 15 1921

B. W. Hardy M.D.
LOCAL REGISTRAR.

732-107-985
COUNTY REGISTRAR.

Filed Feb 5 1921

A True Copy

B. G. [illegible]
COUNTY REGISTRAR.

The number of each, in order of birth, stated [illegible] certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.