2174

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123
Co. Registrar's No. 42
Local Registrar's No. _____

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

FULL NAME OF CHILD Annie Mawson
If child is not named, make Supplemental Report on blank obtainable from local registrar.
Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin~~, ~~Triplet~~ or other | and | Number in order of birth 2 | Legitimate? yes | Date of Birth Jan. 20 1921 (Month Day Yr.)

FATHER
Full Name: Willie Duran Mawson
Residence: San Becente - New Mex
Color or Race: ½ Mex - ½ white
Age at last Birthday: 20 Years
Birthplace: Silver City, N. Mex.
Occupation: Clerk

MOTHER
Full Maiden Name: Philomena Fuller
Residence: Miami, Arizona
Color or Race: ½ Mex - ½ white
Age at last Birthday: 20 Years
Birthplace: Chihuahua, Mexico
Occupation: Housewife

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. 20, 1921, at 24 M.

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

Signature: Cyril M. Crow M.D.
Attending physician, ~~midwife, householder~~.*

Address: Miami, Arizona.

Given or Christian name added from a supplemental report _____ 191__

Filed Jan 27 1921
B.M. Hardy M.D.
LOCAL REGISTRAR.

145 - 120 - 769
COUNTY REGISTRAR.

A True Copy
Filed Feb 5 1921
B.W. Dix
COUNTY REGISTRAR.

the ... 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.