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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

Co. Registrar's No. 83

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 Chris Christensen

If child is not named, make Supplemental Report on blank obtainable from local registrar. Born Alive ~~YES~~ NO

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 9 | Legitimate? yes | Date of Birth Feb. 5 - 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Chris Christensen	Full Maiden Name	Carrie Elmer
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	38 Years	Age at last Birthday	31 Year
Birthplace	Denmark	Birthplace	Pima, Arizona
Occupation	Carpenter	Occupation	Housewife

Number of child of this Mother 9 | Number of Children, of this mother, now living 6 | 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 Feb. 5 - 1921, at 6 A.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.*

Given or Christian name added from a supplemental report 191

Address Miami, Arizona

Filed Feb 28 1921

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

335-205-359
COUNTY REGISTRAR.

Filed Mar 7 1921

A True Copy

B. G. Fox
COUNTY REGISTRAR

Certificate must be filed by the attending Physician or midwife with each local Registrar within 6 days after birth.