235

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 124

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 122

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 Otis Osborne | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin~~, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
Male			2	yes	Feb.	23,	1921.

FATHER		MOTHER	
Full Name	Harry Jeri Osborne	Full Maiden Name	Celia Stubbs
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Caucasian	Color or Race	Caucasian
Age at last Birthday	37 Years	Age at last Birthday	27 Years
Birthplace	Medicine Lodge, Kansas	Birthplace	Jeffersville, Indiana
Occupation	Secy. Y. M. C. A.	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 Feb. 23, 1921, at 10 25 P.M.

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

Signature April M. Crow M.D.

Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona.

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

Filed Feb 28 1921 B. M. Hardy M.D.

LOCAL REGISTRAR.

665-223-322

COUNTY REGISTRAR.

Filed Mar 1 1921 A True Copy B. J. Fox

COUNTY REGISTRAR.

The 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.