PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

District of

Town of Claypool

or

City of

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156

Co. Registrar No. 302

Local Registrar's No.

(No. Oak St. Ward)

FULL NAME OF CHILD Charles Albert Angle

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
Male				Yes	May 9. 1921 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Charles Albert Angle	Full Maiden Name	Sarah Elizabeth Riggs
Residence	Claypool, Ariz.	Residence	Claypool, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	25 (Years)
Birthplace	Safford, Ariz.	Birthplace	Fort Grant, Ariz.
Occupation	Stockman	Occupation	Housewife

Number of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
3	3	Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

5:30

I hereby certify that I attended the birth of the above child, and that it occurred on May 9. 1921, at 9. M.

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

(Signature) F. F. Miller

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

Address Miami, Ariz.

Given or Christian name added from a supplemental report 192

Filed May 10 1921 B. W. Hardy M.D.

LOCAL REGISTRAR.

315-509-

COUNTY REGISTRAR.

Filed June 1 1921

A True Copy B. G. Gax

COUNTY REGISTRAR.