ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173

Co. Registrar's No. 315

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 Earl French

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 1st | Legitimate? yes | Date of Birth May 22 1921 (Month Day Yr.)

FATHER

Full Name Sydney French

Residence Miami, Arizona

Color or Race White

Age at last Birthday 26 Years

Birthplace Portreath, England

Occupation Motorman

MOTHER

Full Maiden Name Mildred W. Wakefield

Residence Miami, Arizona

Color or Race White

Age at last Birthday 19 Years

Birthplace Ironbelt, Wis.

Occupation Housewife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 May 22, 1921, at 4 27 A.M.

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

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report 191

Address Miami, Arizona

Filed May 25 1921

C. M. Hardy M.D.
LOCAL REGISTRAR.

A True Copy

Filed 6 1 1921

B. C. Fox
COUNTY REGISTRAR.

564-522-464
COUNTY REGISTRAR.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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.