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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112

Co. Registrar's No. 340

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of _____ or City of Miami (No. _____ St. _____ Ward)

FULL NAME OF CHILD Rita Clark

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 (Month, Day, Yr.)
Female			8	yes	June 10 1921

FATHER		MOTHER	
Full Name	Y S Clark	Full Maiden Name	Carrie Finnegan
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	white	Color or Race	white
Age at last Birthday	38 Years	Age at last Birthday	20 Years
Birthplace	American	Birthplace	American
	Tex		Mexico
Occupation	Carpenter	Occupation	Housewife

Number of child of this Mother 8 | Number of Children, of this mother, now living 8 | 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 6/10/ 1921, at 11 P.M.

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

Signature T H Slaughter
Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed June 16 1921 B M Hardy M.D.
LOCAL REGISTRAR.

932-610-365

Filed July 1 1921 A True Copy B. L. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.

The number of each, if twin, triplet or other, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.