

1035

ARIZONA STATE BOARD OF HEALTH

County of Lila BUREAU OF VITAL STATISTICS State Index No. 123  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 355  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME OF CHILD June Emily Hamburg { Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive }

Sex of Child F Twin, Triplet or other 1 and Number in order of birth 1 Legitimate? Y Date of Birth June 18 '21  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Henry A. Hamburg  
 Residence Miami  
 Color or Race Wh Age at last Birthday 25  
 (Years)  
 Birthplace New Mexico  
 Occupation Mechanic

MOTHER  
 Full Maiden Name Catherine Agate  
 Residence Miami  
 Color or Race Wh Age at last Birthday 24  
 (Years)  
 Birthplace Utah  
 Occupation H

Number of Child of this mother 1 Number of children of this mother now living 1 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

hereby certify that I attended the birth of the above child, and that it occurred on June 18, 1921, at 10:30 A.M.

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

(Signature) Lehen E. Dine M.D.  
 (Attending physician, midwife, householder.)\*

Given or Christian name added from a Supplemental report \_\_\_\_\_ 192 \_\_\_\_\_ Filed June 24 1921 Address Miami  
B. H. Harkins M.D. LOCAL REGISTRAR.

187-618-315 COUNTY REGISTRAR. Filed July 3 1921 A True Copy B. H. Harkins COUNTY REGISTRAR.