PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

ounty of Gila

istrict of

own of Claypool

or

ity of

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171

Co. Registrar No. 449

Local Registrar's No.

(No. Oak St. Ward)

ULL NAME OF CHILD Freddie Louise Taylor

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

Born Alive YES

ex of hild	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Aug 31, 1921 (Month) (Day) (Yr.)

FATHER		MOTHER	
ull ame	Frank ~~Shaw~~ Taylor	Full Maiden Name	Faye Shaw
esidence	Claypool, Ariz.	Residence	Claypool, Ariz.
olor Race	White	Color or Race	White
Age at last Birthday	38 (Years)	Age at last Birthday	19 (Years)
irthplace	South Dakota	Birthplace	Texas
ccupation	Locomotive Switchman	Occupation	Housewife

umber 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*

hereby certify that I attended the birth of the above child, and that it occurred on Aug. 31, 1921, at 5:30 A. M.

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

(Signature) Fr. Fr. Miller

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

Address Miami, Ariz.

Given or Christian name added from a

upplemental report 192

Filed Aug 31 1921

B. W. Hardy MD

LOCAL REGISTRAR.

639-831-626

COUNTY REGISTRAR.

Filed SEP 5 1921

A True Copy

B. G. Fox

COUNTY REGISTRAR