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ARIZONA STATE BOARD OF HEA

BUREAU OF VITAL STATISTICS

State Index No.

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's N

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 Josephine Florence Walker

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			4	yes	3	4	1922

FATHER		MOTHER	
Full Name	Joseph Walker	Full Maiden Name	Florence Parsi
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	white American	Color or Race	white American
Age at last Birthday	33 Years	Age at last Birthday	28 Years
Birthplace	Texas	Birthplace	New Mex
Occupation	Mechanic	Occupation	Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | 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 3/4/1922 at 10 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.*

Given or Christian name added from a supplemental report ..... 191..

Address Miami Ariz

Filed Mar 20 1922 B Mead

LOCAL REGISTRAR.

169-304-675

COUNTY REGISTRAR.

Filed 4-5 1922 A True Copy BS Aff

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.