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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.

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

PLAGE OF BIRTH  
 County of Pima State Index No. 150  
 District of \_\_\_\_\_ Co. Registrar's No. 89  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Annie Ljrbich Born  YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child Female <sup>Twin.</sup> Triplet or other } and { Number in order of birth 2 Legiti- mate? yes Date of Birth March 15 - 1922  
 Month Day Yr.

FATHER  
 Full Name Jack Ljrbich  
 Residence Miami - Arizona  
 Color or Race Caucasian Age at last Birthday 32 Years  
 Birthplace Palmaria - Austria  
 Occupation Miner

MOTHER  
 Full Maiden Name Annie Morgan  
 Residence Miami - Arizona  
 Color or Race Caucasian Age at last Birthday 23 Years  
 Birthplace Williams - Ariz.  
 Occupation Housewife

Number of child of this Mother 2 Number of Children, of this mother, now living 2 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 March 15, 1922 at 7:15 A.M.  
 { \*When there is no attending physi- cian or midwife, then the householder should make this return. }

Signature  Cyril M. Cron M.D.   
 Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Address Miami, Arizona

138-315-185  
 COUNTY REGISTRAR.

Filed Mar 31 1922 LOCAL REGISTRAR.

Filed 4-5 1922 A True Copy B. S. J. J. COUNTY REGISTRAR.