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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

Co. Registrar's No. 98

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 Frank Junior Smith | Born Alive | YES NO

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male			1st	yes	March 23 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Frank W. Smith	Full Maiden Name	Lula Allen Brock
Residence	Miami - Arizona	Residence	Miami, Arizona
Color or Race	Caucasian	Color or Race	Caucasian
Age at last Birthday	21 Years	Age at last Birthday	17 Years
Birthplace	Stroud, Okla	Birthplace	Teed, New Mex
Occupation	Timberman	Occupation	Housewife

Number 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*

I hereby certify that I attended the birth of the above child; and that it occurred on March 23, 1922 at 2 A.M.

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

Signature C. M. Cron M.D.
Attending physician, midwife, householder.*

Address Miami - Ariz.

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

Filed Mar 31 1922 B M Hardy LOCAL REGISTRAR.

628-323-322 COUNTY REGISTRAR.

Filed 4-5 1922 A True Copy B G Fox COUNTY REGISTRAR.

N. B.—In case of ... than one child at birth, a SEPARATE RETURN must be made for 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.