

4663

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Winkelman  
Town of \_\_\_\_\_  
or  
City of Winkelman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 300  
Co. Registrar No. 199  
Local Registrar No. 1

2. Full name of child Majorie Lee Snell } If child is not yet named, make supplemental report, as directed

3. Sex of child F. To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth May 10 - 1922 (Month, day, year)

8. Full name of FATHER David Fox Snell

14. Full maiden name of MOTHER Votee Koyers

9. Residence (Usual place of abode) Winkelman, Ariz.  
If nonresident, give place and State

15. Residence (Usual place of abode) Winkelman, Ariz.  
If nonresident, give place and State

10. Color or race M. 11. Age at last birthday 42 (Years)

16. Color or race M. 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Alabama  
(State or country)

18. Birthplace (city or place) Alabama  
(State or country)

13. Occupation Engineer  
Nature of Industry

19. Occupation H.M.  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Fitz R. Winkler  
(Physician or midwife)

Address Hayden, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
(Month, day, year)

Filed May 15, 1922 \_\_\_\_\_  
Local Registrar.

Filed 6/9, 1922 \_\_\_\_\_  
County Registrar.

Registrar. 423-510-522