4673

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109

Co. Registrar's No. 193

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 Phillip Arden Reeder

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

Born Alive YES ~~NO~~

Sex of Child Male | ~~Twin, Triplet or other~~ and Number in order of birth 3 | Legitimate? yes | Date of Birth May 15 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	David Luther Reeder	Full Maiden Name	Margarita Hansen
Residence	Miami - Arizona	Residence	Miami Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	44 Years	Age at last Birthday	30 Years
Birthplace	Boston - Nevada Co., Ark.	Birthplace	Bird City - Kansas
Occupation	Locomotive Engineer	Occupation	Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | 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 May 15, 1922 at 7 11 P.M.

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

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

Address Miami, Arizona

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

Filed May 26 1922

B. M. Hardy
LOCAL REGISTRAR.

799-515-485
COUNTY REGISTRAR.

Filed 6/3 1922

A True Copy

B. G. Fox
COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a Supplemental Report must be filed by the attending Physician 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.