4692

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 3 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. [illegible]

Co. Registrar's No. 213

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Marguerite Collins

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

Born Alive: YES ~~NO~~

Sex of Child: Female | Triplet or other | and | Number in order of birth: 2 | Legitimate? yes | Date of Birth: May 30 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Andrew Edward Collins	Full Maiden Name	Rosa Maria Davidson
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	32 Years	Age at last Birthday	31 Years
Birthplace	Brooklyn - New York	Birthplace	Brooklyn - New York
Occupation	Accountant	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 May 30, 1922, at 3 03 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.*

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

Address Miami, Arizona

Filed June 1 1922

A. M. Hazel
LOCAL REGISTRAR.

432-530-945
COUNTY REGISTRAR.

Filed 7-5 1922

A True Copy

B. S. [illegible]
COUNTY REGISTRAR.