2342

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 99

Co. Registrar's No. 220

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 Harvey Ray Smith

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 June 2 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Carl Edward Smith	Full Maiden Name	Wilda Angle
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	34 Years	Age at last Birthday	30 Years
Birthplace	Missouri	Birthplace	Burney - West Virginia
Occupation	Electrician	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 June 2, 1922, at 10 15 A.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 June 28 1922 B. M. Ward LOCAL REGISTRAR.

828-602-615 COUNTY REGISTRAR.

Filed 7/5 1922 A True Copy B. G. Fox COUNTY REGISTRAR.

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