

2364

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 5 days after birth.

PLACE OF BIRTH  
 County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 110

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 297

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Mary Francis Blair Born  YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child Female Twin, Triplet or other \_\_\_\_\_ and Number in order of birth 2 Legitimate? yes Date of Birth June 16 1922  
 Month Day Yr.

FATHER  
 Full Name Ben Weaver Blair  
 Residence Miami, Arizona  
 Color or Race White Age at last Birthday 34 Years  
 Birthplace Startford, Kentucky  
 Occupation \_\_\_\_\_

MOTHER  
 Full Maiden Name Mayme Belle Gilley  
 Residence Miami, Arizona  
 Color or Race White Age at last Birthday 33 Years  
 Birthplace Neosho, Missouri  
 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 June 16, 1922 at 2 P.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.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Address Miami, Arizona

429-616-478  
 COUNTY REGISTRAR.

Filed June 25 1922 LOCAL REGISTRAR.  
 Filed 7-5 1922 A True Copy B. S. Gray  
 COUNTY REGISTRAR.