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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 95

Co. Registrar No. 287

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 Katherine Romina Sunkins

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

Born Alive YES X

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	July 2 1922 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Charles L. Sunkins	Full Maiden Name	Katherine Olive Meadows
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	22 (Years)	Age at last Birthday	20 (Years)
Birthplace	New Mexico	Birthplace	New Mexico
Occupation	Auto Mechanic	Occupation	Housewife

Number of Child of this mother 1

Number of children of this mother now living 1

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 July 2 1922, at 12 M.

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

(Signature) Charles E. Irvin M.D.
(Attending physician, midwife, householder.*)

Address Miami Arizona

Given or Christian name added from a supplemental report 192

Filed 7/31 1922 B. McHardy LOCAL REGISTRAR.

222-702-242 COUNTY REGISTRAR.

Filed 8-8 1922 A True Copy B. G. Fox COUNTY REGISTRAR.