

This certificate must be filed by the attending Physician or with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Gila State Index No. 131
 District of Winkelman Co. Register No. 3
 Town of Winkelman, Ariz. Local Registrar's No. 1
 or
 City of Winkelman (No. 1 St. 1 Ward)

FULL NAME OF CHILD Edith Louise Shaw } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Female</u>	Twin, Triplet or other <u>✓</u>	and } Number in order of birth <u>1</u>	Legitimate <u>yes</u>	Date of Birth <u>Dec 22 1922</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Robin Wesley Shaw</u> Residence <u>Winkelman, Ariz.</u> Color or Race <u>White, U.S.A.</u> Age at last Birthday <u>39</u> (Years) Birthplace <u>Greenville, Mich.</u> Occupation <u>Painter</u>		MOTHER Full Maiden Name <u>Elvira Susan Wing</u> Residence <u>Grand Rapids, Mich.</u> Color or Race <u>White U.S.A.</u> Age at last Birthday <u>38</u> (Years) Birthplace <u>Lenawee Co, Mich.</u> Occupation <u>House wife</u>		

Number of child of this mother 8 Number of children, of this mother, now living 7 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 22 1922 at 8:15 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) P.M. Butler, M.D.
 (Attending physician, midwife, householder.*)
 Address Winkelman, Ariz.

Given or christian name added from a supplemental report 191
 Filed Jan 29 1923
 Filed Feb 5 1923 A True Copy

526-1202-567
 COUNTY REGISTRAR.

H. Roberts
 LOCAL REGISTRAR.
B.S. Gray
 COUNTY REGISTRAR.