ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123

Co. Registrar's No. 9

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila.

District of Globe,

Town of or City of Globe.

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Marvel Birtcher, | Born Alive | YES

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
Female				Yes	1	7	1923

FATHER		MOTHER	
Full Name	Benjaman F. Birtcher,	Full Maiden Name	Cora Youngreen,
Residence	Globe,	Residence	Globe,
Color or Race	White	Color or Race	White
Age at last Birthday	36 Years	Age at last Birthday	29 Years
Birthplace	West Virginia,	Birthplace	Utah.
Occupation	Machine repair Man,	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 1/7 1923 at 5,30 A. M.

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

Signature L. E. Wyllman
Attending physician, midwife, householder.*

Address Glo[illegible], Arizona.

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

Filed 4/10 1923

A True Copy

429-107-385
COUNTY REGISTRAR.

Filed 2/6 1923

NAME [illegible] of [illegible] REGISTRAR.
If child is [illegible] supplemental [illegible]
[illegible] REGISTRAR.
..... 193
(Month, day, year)

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.

Write plainly with Unfading ... is a permanent ...