4044

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 201

County Registrar No. 500

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 409 Wentworth St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margeret Loraine Baker

If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Gire

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? yes

7. Date of birth July 30. 1923. (Month Day Year)

8. FATHER

Full name Joseph Newman Baker

9. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

10. Color or race: White

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Robert Lee

(State or country) Texas

13. Occupation Miner

Nature of industry Copper

14. MOTHER

Full maiden name Connie Bernice McCarther

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state 0

16. Color or race: White

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Wanette

(State or country) Oklahoma

19. Occupation Housewife

Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~) at 2:35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [signature] (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed July 31, 1923 C. E. Irvin Local Registrar.

Registrar.

Filed 8/3 1923 [signature] County Registrar.

429-730-349