

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Dela

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

County Registrar No. 642

Local Registrar No. _____

St. _____ Ward _____

No. at M. & J. Hosp.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

2. Full name of child Frank William Sandige

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____
5. No., in order of birth 2

6. Legitimate? yes
7. Date of birth Sept. 28, 1923
Month day year

8. FATHER
Full name William Alvin Sandige

9. Residence (Usual place of abode) Claypool, Ariz.
If nonresident, give place and state

10. Color or race white

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) East St. Louis, Ill.
(State or country)

13. Occupation
Nature of industry Agriculturist

14. MOTHER
Full maiden name Mabel Evelyn Skelton

15. Residence (Usual place of abode) Claypool, Ariz.
If nonresident, give place and state

16. Color or race white

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Jellumide, Col.
(State or country)

19. Occupation
Nature of industry Housewife

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 2
(b) Born alive but now dead _____
(c) Stillborn _____

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 born at 3:30 p.m. on the date above stated.
(Born alive or stillborn)

Signature C. M. Cron M.D. (Physician or midwife)

Address Miami, Ariz.

Filed Oct 31 1923 C. E. Jones Local Registrar.

Filed 11-6 1923 B. J. Jones County Registrar.

Registrar.

625-928-425

MARGIN RESERVED FOR BINDING
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.