

2 1 1 1 4

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 217
County Registrar No. 40291031
Local Registrar No. _____

District of _____

Town of Miami

or
City of _____

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

2. Full name of child Walter Barrington Forbes } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. No., in order of birth 1st 7. Date of birth Dec. 29-1924 Month day year

8. FATHER
Full name Andrew Lamont Forbes

14. MOTHER
Full maiden name Mary Elizabeth Wilkens

9. Residence (Usual place of abode) Inspiration Arizona
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Cauc. 11. Age at last birthday 53 (Years)

16. Color or race Cauc. 17. Age at last birthday 42 (Years)

12. Birthplace (city or place) Brooklyn N.Y.
(State or country)

18. Birthplace (city or place) Chester Co. Pa.
(State or country)

13. Occupation
Nature of industry Machinist

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

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*22

I hereby certify that I attended the birth of this child, who was born at 12A on the date above stated.
(Born alive or stillborn.)

*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 evidences of life after birth.

Signature Cyril M. Brown M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year.

Filed Dec 31, 1924 W. E. Iron Local Registrar.

Filed 1-5, 1925 B. S. Fox County Registrar.

Registrar.

County Registrar.

662-1229-465