

MARGIN RESERVE - FOR BINDING
 WRITE MAINLY 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 order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 161
 Registered No. 105

1. PLACE OF BIRTH
 County Yuma State _____

District or Township _____ or Village _____

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

2. Full name of child Frank Irvin Buck (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 _____ 6. Legitimate? Yes 7. Date of birth June 13-1931
 Month Day Year

8. FATHER
 Full name Fred Sybrandt Buck

14. MOTHER
 Full maiden name Margaret Ann Martin

9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 34 (Years)

16. Color or race White 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Missouri
 (State or country)

18. Birthplace (city or place) Coeur d'Alene
 (State or country) Idaho

13. Occupation Electrician
 Nature of industry Smelter

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 3
 (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 born alive on 1-17 m. 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 evidence of life after birth.

Signature Charles E. Irvin
Miami Arizona
 (Physician or midwife)

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Registrar June 15, 31 C. E. Irvin
 Filed _____ Registrar

622-1013-445