

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Mile
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH
State Index No. 107
Co. Registrar's No. 47
Local Registrar's No. _____

FULL NAME OF CHILD Lucile Dorothy Walker
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES
Alive } ~~NO~~

Sex of Child Female } and } Number in order of birth 2 } Legitimate? yes } Date of Birth Feb. 13 - 1921
Twin, Triplet or other } } } } } Month Day Yr.

FATHER
Full Name Thomas Ira Walker
Residence Miami, Arizona
Color or Race Caucasian Age at last Birthday 33 Years
Birthplace San Antonio, Texas
Occupation Blacksmith

MOTHER
Full Maiden Name Vivian Vow Bonhurst
Residence Miami, Arizona
Color or Race Caucasian Age at last Birthday 25 Years
Birthplace Los Angeles, Calif.
Occupation Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 Feb. 13, 1921 at 4:15 A.M.

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

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

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

Address Miami, Arizona

Filed Feb 28 1921
369-213-523
COUNTY REGISTRAR.

Filed Mar 7 1921 A True Copy
B. W. Hardy M.D. LOCAL REGISTRAR.
B. S. Fox COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.