

4788

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Maricopa  
District of Mesa #3  
Town of Mesa  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

BUREAU OF VITAL STATISTICS

State Index No. 315  
Co. Register No. 2538  
Local Registrar's No. 326

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Robert Edward McMannon Born  NO  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  YES

Sex of Child <u>Male</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept. 11/ 1919</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>William S. McMannon</u>			Full Maiden Name <u>Grace H. Wood</u>		
Residence <u>Mesa -</u>			Residence <u>With Husband</u>		
Color or Race <u>White</u>	Age at last Birthday <u>39</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	
Birthplace <u>Kentucky</u>			Birthplace <u>Mass.</u>		
Occupation <u>Real Estate dealer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 11/ 1919, at 3:45 A.M.

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

(Signature) J. E. Drake  
(Attending physician, midwife, householder.)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Mesa

945-911-764  
COUNTY REGISTRAR.

Filed 9-30/ 1919  
A True Copy  
Filed 10-21 1919

H. R. Larson  
LOCAL REGISTRAR.  
COUNTY REGISTRAR.