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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118

County Registrar No. 272

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. Davis Canyon St.

(If birth occurred in a hospital or institution, give its NAME instead of street and n

2. Full name of child Stanton

If child is not yet named supplemental report, as d

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

6. Legitimate? Yes

7. Date of birth February 6 Month Day Y

8. FATHER

Full name Vernon Stanton

9. Residence (Usual place of abode) Miami Arizona

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 27 (Years)

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

13. Occupation Painter

Nature of industry

14. MOTHER

Full maiden name Lidy Sanderfe

15 Residence (Usual place of abode) Mia

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 27 (Year

18. Birthplace (city or place) (State or country) Texas

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 2

(b) Born alive but now dead 1

(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn (Born alive or stillborn.) at 29 m. on the date above stated

* 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 F. T. Miller (Physician ~~or midwife~~)

Address Miami, Ariz.

Given name added from a supplemental report

Month, day, year

Filed July 11, 1927

C. E. Irvin

Local Registrar.

Registrar

Filed , 19

County Registrar.

025-206-329