

child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Hila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144
County Registrar No. 69
Local Registrar No. _____

2. Full name of child Robert Burton McNair
(If birth occurred in a hospital or institution, give its NAME instead of street and number) }
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. No. in order of birth _____ }
6. Legitimate? yes }
7. Date of birth Feb. 14, 1927
Month day year

8. FATHER
Full name William Ray McNair

14. MOTHER
Full maiden name Catherine C. Lewis

9. Residence (Usual place of abode) Miami, 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 30 (Years)

16. Color or race Cauc
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) San Antonio, New Mexico
(State or country)

18. Birthplace (city or place) Louisville, Kentucky
(State or country)

13. Occupation millman
Nature of industry mining

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 _____
(c) Stillborn _____

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 (Born alive or stillborn.) at 5:45 a.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 evidences of life after birth.
Given name added from a supplemental report _____
Signature Byril M. Brown (Physician or midwife)
Address Miami, Arizona

Filed Feb 7, 1927 Local Registrar.
Registrar. _____ County Registrar.

949 - 214 - 332