

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.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156
County Registrar No. 77
Local Registrar No. _____

2. Full name of child Oles Franklin Falkner } 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. 18, 1927
Month day year

8. FATHER
Full name Carroll F. Falkner
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Arizona
10. Color or race Cauc.
11. Age at last birthday 28 (Years)

14. MOTHER
Full maiden name Velma Medlock
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Arizona
16. Color or race Cauc.
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) De Kalb
(State or country) Texas
13. Occupation Miner
Nature of industry mining

18. Birthplace (city or place) Amarilla
(State or country) Texas
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 at 1:20 p.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 evidences of life after birth.
Signature Cyril M. Brown (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year. Filed Feb 7, 1927 Leo J. Don Local Registrar.
Registrar. _____ County Registrar.

369-218-542