

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163 wCounty Registrar No. 87

Local Registrar No. _____

No. 925-A Line Oak St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Myrtle Augustine Price { If child is not yet named, make supplemental report, as directed.3. Sex of Child female 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 20 1927
Month Day Year8. FATHER Full name June Price 14. MOTHER Full maiden name Effie Howard9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. If non-resident, give place and state.10. Color or race Colored 11. Age at last birthday 34 (Years) 16. Color or race Colored 17. Age at last birthday 26 (Years)12. Birthplace (city or place) _____ (State or country) Texas 18. Birthplace (city or place) _____ (State or country) Oklahoma13. Occupation miner Nature of industry Copper 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 6 (b) Born alive but now dead 0 (c) Stillborn 0 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 alive at 8 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 evidence of life after birth. Signature J. J. Miller (Physician or midwife)Address Miami, ArizonaGiven name added from a supplemental report. Month, day, year Feb 12, 27 Local Registrar R. E. Jones

Registrar _____ Filed _____, 19 _____ County Registrar _____

477 - 220 - 564