

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 173County Registrar No. 118

Local Registrar No. _____

No. 832-A Smith St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Virginia May Womack { 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 4 6. Legitimate? yes 7. Date of birth March 24 1927
Month Day Year8. FATHER
Full name Daniel Otto Womack9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race white 11. Age at last birthday 29 (Years)12. Birthplace (city or place) Bartlett
(State or country) Texas13. Occupation Electrician
Nature of industry Copper mine10. Number of children of this mother } (a) Born alive and now living 4
Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child. } (c) Stillborn 014. MOTHER
Full maiden name Ramona Caroline Chestnut15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.16. Color or race white 17. Age at last birthday 27 (Years)18. Birthplace (city or place) _____
(State or country) Mexico19. Occupation Housewife
Nature of industry _____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 7:45 a.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. Jones (Physician or midwife)Address Miami, ArizonaFiled March 31, 1927 Local Registrar.

Filed _____, 19____ County Registrar.

Registrar

562-321-933