

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 18/162
 Registered No. 162

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Inap. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Morris Toliver Ellis Jr. { 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 Apr. 23, 1927.
 Month Day Year

8. FATHER
 Full name Morris Toliver Ellis

9. Residence (Usual place of abode) Globe Arizona
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 28 (Years)

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

13. Occupation Electrician
 Nature of industry mining

20. Number of children of this mother _____
 (Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
 Full maiden name Gladys York

15. Residence (Usual place of abode) Globe Arizona
 If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 28 (Years)

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

19. 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 born at 2:30 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 Loyd M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed May 10, 1927 L. E. Finn
 Registrar Registrar

452-423-788

ONE CHILD AT A BIRTH. A SEPARATE RETURN must be made for each, and the number of birth stated.