ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 216

Registered No. 338

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. L20- Line Oak Mine St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Earl Smith { 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 July 30-192 (Month Day Year)

8. FATHER

Full name Claude Preston Smith

9. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Anadarko, Okla.

(State or country)

13. Occupation Miner

Nature of industry Insp. Con. Copper Co

14. MOTHER

Full maiden name Ola Kirk

15 Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona

16 Color or race Cauc. | 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Waco-

(State or country) Texas

19. Occupation

Nature of industry Housewife

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 alive at 10 05 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 Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~).

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

Filed Aug 11, 1927 C. E. Imm Registrar

Registrar

128-730-622

N. B.—In ... WITH UNFADING INK—THIS IS A PER... ...ENT RECOR... ...MA... ...child at a birth, a SEPARATE RE... ...RN must be made for each, and the numb... order of birth stated.