

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH
County of Tulsa

District of _____

Town of _____

or Miami

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188

County Registrar No. 375

Local Registrar No. _____

1. Full name of child Dallas Maxwell Smithson (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(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. _____ 6. Legitimate? Yes 7. Date of birth August 26, 1927
Month Day Year

8. FATHER
Full name Michael Harris Smithson
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

9. Color or race White 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Apache Co. Arizona
(State or country)

13. Occupation Mechanic
Nature of industry

10. Number of children of this mother } (a) Born alive and now living 6
Taken as of time of birth of child herein } (b) Born alive but now dead 1
certified and including this child. } (c) Stillborn 0

14. MOTHER
Full maiden name Bonnie H. Shirley
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race White 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Hart Co. Georgia
(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 alive at 9:20 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 evidence of life after birth.
Signature Charles E. Drin M.D. (Physician or midwife)
Address Miami Arizona

Given name added from supplemental report Filed Aug 31, 1927 C. E. Drin Local Registrar.
Month, day, year

Registrar

Filed _____, 19 _____

County Registrar.

425-826-228