

Number of each in

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Midland City
Town of Miami
or
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
County Registrar No. 409
Local Registrar No. _____

2. Full name of child Geraldine Simmons (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 Sept 17 1927
Month Day Year

8. FATHER
Full name Thomas William Simmons

14. MOTHER
Full maiden name Myrtle Blevins

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

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

10. Color or race White 11. Age at last birthday 30 (Years)

16. Color or race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Silver City
(State or country) New Mexico

18. Birthplace (city or place) Clairmont
(State or country) Texas

13. Occupation Mail Carrier
Nature of industry U. S. Mail

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 3 (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 1:40 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. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ Filed Sept 20 27 19 26 Local Registrar.

Registrar _____ County Registrar.

722-917-422