

PLACE OF BIRTH

1. County of Kila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169
 County Registrar No. H54
 Local Registrar No. _____

2. Full name of child Mary Anna Watkins { 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. _____ 6. Legitimate? yes
 5. No., in order of birth. _____ 7. Date of birth Sept 25 1927
 Month Day Year

8. FATHER
 Full name Alfred Arthur Watkins

14. MOTHER
 Full maiden name Louelle Blower Pope

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

15. Residence (Usual place of abode) Richmond, Miami, Virginia
 If non-resident, give place and state Virginia, Ariz.

10. Color or race White
 11. Age at last birthday 31 (Years)

16. Color or race White
 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Petersburg
 (State or country) Virginia

18. Birthplace (city or place) Richmond
 (State or country) Virginia

13. Occupation Preacher
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother } (a) Born alive and now living 2
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child.) } (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 4 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 J. J. Miller M.D. (Physician or midwife)
 Address Miami, Arizona

Given name added from supplemental report _____
 Filed _____ 19 _____
 Month, day, year

Filed Oct 15 1927 L. E. Jones
 Local Registrar.
 County Registrar.

Registrar

462-925-475