

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 134County Registrar No. 442

Local Registrar No. _____

No. Kinneman Court Grand St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Oles Lee

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other. _____

6. Legitimate? _____

7. Date of birth Oct 14 1927
Month Day Yearfemale

5. No., in order of birth. _____

yes

FATHER

8. Full name Edwin Hamblin Lee9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race

white11. Age at last birthday 30 (Years)12. Birthplace (city or place) Safford(State or country) Arizona13. Occupation minerNature of industry Copper

14. MOTHER

Full maiden name Gladys Fay Weston15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race

White17. Age at last birthday 23 (Years)

18. Birthplace (city or place)

(State or country) Arkansas19. 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 5(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 10:16 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 MDAddress Miami, Arizona (Physician or midwife)

Given name added from _____

a supplemental report. _____

Filed Oct 25 1927 Local Registrar.

Registrar _____

Filed _____ 19 _____ County Registrar.

335-1014-765