

WITH UNFADING INK—THIS IS A PERMANENT RECORD
 at a birth, a SEPARATE RETURN must be made for each, and the number of each
 child must be stated.

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 121
 Registered No. 700

1. PLACE OF BIRTH
 County Osila State _____
 District or Township _____ or Village _____
 City Miami No. 705 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____

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 November 9 - 1927
 Month Day Year

8. FATHER
 Full name Henry Adams
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Emilia Romero
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 19 (Years)

16. Color or race White
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Nyasa Oregon
 (State or country)

18. Birthplace (city or place) Phoenix Ariz.
 (State or country)

13. Occupation clerk
 Nature of industry

19. Occupation house wife
 Nature of industry

20. Number of children of this mother 1
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (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 12:30 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. Aldana
 (Physician or midwife)

Address Box 1666 Miami Fla

Filed Nov 11, 27 1927 Registrar C. E. Davis

312-1109-596