

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 159

Registered No. 24

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village P. O. Box 1591 - Miami -

City Miami

No. Miami Insp. Hospital St. _____ Ward _____

(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.

2. Full name of child Laron Clyde O'Dell

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 Jan. 15 - 1931
Month Day Year

5. No., in order of birth

8. FATHER

Full name Jewel Cleanow O'Dell

14. MOTHER

Full maiden name Maudie Jacobsons

9. Residence (Usual place of abode)

Miami, Arizona

15. Residence (Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

Cauc.

11. Age at last birthday 24 (Years)

16. Color or race

Cauc.

17. Age at last birthday 22 (Years)

12. Birthplace (city or place)

Hawkinsville, Ken.

18. Birthplace (city or place)

Colonia Dublin, Chik. Met.

(State or country)

(State or country)

13. Occupation

Nature of Industry Mining

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother.

(Taken as of time of birth of child herein certified and including this child.) 2

(a) Born alive and now living

(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 4¹⁵ P. m. on the date above stated.

*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 Signe M. Cronin

(Physician or midwife.)

Given name added from a supplemental report

Address Miami, Arizona

363 - 115 - 412
Month, Day, Year
Registrar.

Filed Jan 18, 1931

B. E. Jones
Registrar.