

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

State File No. **131**
 Registered No. **241**

SENT RECORD for each, and the number of each in of birth stated.

PLACE OF BIRTH

1. PLACE OF BIRTH Gila State ARIZONA

County or Township _____ or Village _____

District MIAMI No. Miami - Inspiration Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

City _____ name of child Nancy Anne Lewis { If child is not yet named, make supplemental report, as directed

2. Full name of Child _____ 3. Sex female 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth July 21 1931
To be answered ONLY in event of plural births. Month Day Year

FATHER		MOTHER	
8. Full name <u>Benton Oliver Lewis</u>	14. Full maiden name <u>Juanita Anne Ring</u>	15. Residence (Usual place of abode) <u>MIAMI, ARIZONA</u>	16. Color or race <u>white</u>
9. Residence (Usual place of abode) <u>MIAMI, ARIZONA</u>	15. Residence (Usual place of abode) <u>Presidio, Texas</u>	16. Color or race _____	17. Age at last birthday <u>26</u> (Years)
9. Residence (Usual place of abode) <u>Presidio, Texas</u>	16. Color or race _____	17. Age at last birthday _____ (Years)	18. Birthplace (city or place) <u>Sunnyside</u>
10. Color or race <u>white</u>	11. Age at last birthday <u>31</u> (Years)	18. Birthplace (city or place) <u>Utah</u>	19. Occupation <u>Housewife</u>
10. Color or race _____	11. Age at last birthday _____ (Years)	19. Occupation _____	19. Occupation _____
11. Age at last birthday _____ (Years)	12. Birthplace (city or place) <u>Dodhart</u>	19. Occupation _____	
12. Birthplace (city or place) <u>Dodhart</u>	12. Birthplace (city or place) <u>Texas</u>		
12. Birthplace (city or place) _____	12. Birthplace (city or place) _____		
13. Occupation <u>Physician</u>	13. Occupation _____		
13. Occupation _____	13. Occupation _____		
13. Occupation _____	13. Occupation _____		

Number of children of this mother _____

18. Sex of time of birth of child (born and including this child) _____

(a) Born alive and now living 5

(b) Born alive but now dead 0

(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 alive at 12:00 p. m. on the date above stated.
(Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn is one that neither breathes nor other evidence of life after birth.

Signature _____

F. F. MILLER, M. D. (Physician or midwife)

Name added from supplemental report 532-721-197 Address MIAMI, ARIZONA

Month, day, year _____

Filed Aug 6, 1931 Registrar L. E. Miller