113

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

State File No. 113
Registered No. 17

1. PLACE OF BIRTH
County: Gila State: ARIZONA
District or Township: or Village:
City: MIAMI No. Miami Inspiration Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Evelyn Frances O'Leary (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:
5. No., in order of birth:
6. Legitimate? yes
7. Date of birth: Jan 24 1932 (Month Day Year)

FATHER
8. Full name: Arthur Vicent O'Leary
9. Residence (Usual place of abode): MIAMI, ARIZONA
If non-resident, give place and state.
10. Color or race: White
11. Age at last birthday: 31 (Years)
12. Birthplace (city or place): Bisbee
(State or country): Arizona
13. Occupation: Electrician
Nature of Industry: Proprietor Electric Shop

MOTHER
14. Full maiden name: Margaret Evelyn Bactus
15. Residence (Usual place of abode): MIAMI, ARIZONA
If non-resident, give place and state.
16. Color or race: white
17. Age at last birthday: 26 (Years)
18. Birthplace (city or place): Mountain Park
(State or country): New Mexico
19. Occupation: Housewife
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: 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 (Born alive or stillborn.) at 7.30 p.m. on the date above stated.

Signature: F. F. Miller
F. F. MILLER, M.D.
(Physician or midwife).

* 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.

Given name added from a supplemental report 568-127-422 Month, day, year.

Address: Miami, Arizona

Filed Feb. 2, 1932 C. E. Orme Registrar

Registrar

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