MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. 115a

Registered No. 193

1. PLACE OF BIRTH

County Gila State ARIZONA

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 Olive Helen Condit { If child is not yet named, make supplemental report, as directed

3. Sex Female | If plural births { 4. Twin, triplets, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term + | 7. Is mother married? yes | 8. Date of birth February 11, 1932 (Month, day, year)

FATHER

9. Full name Edwin Carmicheal Condit

10. Residence (usual place of abode) (If non-resident, give place and State) Miami, Arizona.

11. Color or race Cauc. 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Aztec, (State or Country) New Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine

16. Date (month and year) last engaged in this work Febr. 11, 1932 17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Mabel Irene Votaw

19. Residence (usual place of abode) (If non-resident, give place and State) Miami, Arizona.

20. Color or race Cauc. 21. Age at last birthday 25 (Years)

22. Birthplace (city or place) Lincoln, (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

28. If stillborn, period of gestation ..... { months or weeks 29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.40 p. m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Cyril M. Cron, M. D. or ..... Midwife

Given name added from a supplemental report .....

(Date of) Address Miami-Ariz.

Filed Nov-25-, 1936 C. M. Cron Registrar.

633-211-456 Registrar.

20M 1-8-36 Form No. 2 MS—100 Rag