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. 148

Registered No. 85

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 103 - Claypool, Ariz

City Miami No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paul Sell Do Bell (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male | 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 Mch. 27 - 1932 (Month Day Year)

8. FATHER	14. MOTHER
Full name Frank Albert Do Bell	Full maiden name Edna May Paulsell
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.	If non-resident, give place and state. Arizona.
10. Color or race Cauc.	16. Color or race Cauc.
11. Age at last birthday 26 (Years)	17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Cincinatti	18. Birthplace (city or place) Pleasant Valley
(State or country) Ohio	(State or country) Arizona
13. Occupation	19. Occupation
Nature of industry Mining	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.) 3

(a) Born alive and now living 3
(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 born alive (Born alive or stillborn.) at 7 A. 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 Cyril M. Crow M. D. (Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

743-324-573 Registrar

Filed April 9, 1932 C. E. Irwin Registrar