

WHITE PLAINLY WITH CONSPICUOUS INK—THIS IS A PERMANENT RECORD

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
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112
 County Registrar No. _____
 Local Registrar No. 107

PLACE OF BIRTH
 1. County of Maricopa
 District of Miami
 Town of Miami
 or
 City of _____

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 Miss Charlotte Mason

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. Legitimate? Yes.
 7. Date of birth April 20, 1952
 Month Day Year

8. FATHER
 Full name William Clark Mason

11. MOTHER
 Full maiden name Barclay Alice O'Brien

9. Residence (Usual place of abode) Miami, Arizona
 If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Arizona
 If nonresident, give place and state

10. Color or race White
 11. Age at last birthday 24 (Years)

16. Color or race White
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Michigan
 (State or country)

18. Birthplace (city or place) Denver, Colo.
 (State or country)

13. Occupation Mining Engineer
 Nature of Industry Copper Mining

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living ONE
 (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 born alive at 11:00 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 William O. Mason
 Address Miami, Meac, Arizona
 (Physician or midwife)

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

Filed May 3, 1952
 Local Registrar, _____
 County Registrar, _____
 Registrar, _____

145-425-112