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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.

PLACE OF BIRTH
 1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____
 No. Miami Inspiration Hospital Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 1032
 County Registrar No. 836
 Local Registrar No. _____

2. Full name of child David Burnet Scott Jr. { 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 July 9 - 1913
 Month Day Year

8. FATHER
 Full name David Burnet Scott
 9. Residence (Usual place of abode) Miami Ariz
 If nonresident, give place and state
 10. Color or race white
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) So Bethlehem Pennsylvania
 (State or country)
 13. Occupation Training Engineer
 Nature of industry

14. MOTHER
 Full maiden name Alice M. Scott
 15. Residence (Usual place of abode) Miami Ariz
 If nonresident, give place and state
 16. Color or race white
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Stamstead England
 (State or country)
 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 none
 (c) Stillborn none
 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 7 P. m. on the date above stated.
 (Born alive or stillborn.)
 Signature J. H. Shaugher (Physician or midwife)
 Address Miami Ariz

Given name added from a supplemental report _____
 Month, day, year. 423-707-123
 Registrar.
 Filed 12-31 1923 13.9 J. J. J. J. Local Registrar. 1913
 Filed 1-9 1924 13.9 J. J. J. J. County Registrar.