

4859

Midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

County of Yuma State Index No. 139  
 District of Yuma Co. Register No. 312  
 Town of Miami, Ariz. Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Jack Liles } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

|                          |                        |     |                          |                        |   |
|--------------------------|------------------------|-----|--------------------------|------------------------|---|
| Sex of Child <u>male</u> | Twin, Triplet or other | and | Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>Sept 20<sup>th</sup> 1914</u><br>(Month) (Day) (Yr.) |
|--------------------------|------------------------|-----|--------------------------|------------------------|---|

|                                      |   |                             |   |  |  |
|--------------------------------------|---|-----------------------------|---|--|--|
| FATHER                               |   |                             | MOTHER                                    |  |  |
| Full Name <u>James Abraham Liles</u> | Full Maiden Name <u>Olla Dicodemus</u>    |                             |   |  |  |
| Residence <u>Miami Ariz.</u>         | Residence <u>Miami</u>                    |                             |   |  |  |
| Color or Race <u>Amer.</u>           | Age at last Birthday <u>38</u><br>(Years) | Color or Race <u>Amer.</u>  | Age at last Birthday <u>31</u><br>(Years) |  |  |
| Birthplace <u>Texas.</u>             |   | Birthplace <u>Indiana.</u>  |   |  |  |
| Occupation <u>Miner</u>              |   | Occupation <u>Housewife</u> |   |  |  |

Number of child of this mother... 3... Number of children, of this mother, now living... 3... Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Sept 23<sup>rd</sup> 1914, at 1 P.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) J. H. Eckles  
(Attending physician, midwife, householder\*)

Given or christian name added from a supplemental report .....191.....

Address Miami, Ariz.

Filed Sept 30 1914. John H. Gray LOCAL REGISTRAR.  
 Filed Oct 5 1914. A True Copy B. S. Sawyer COUNTY REGISTRAR.

132-923-542  
COUNTY REGISTRAR.