1289

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

116 State Index No. 837

Co. Register No. 144

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Eugenia Alice Scott — Born / Alive — YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	June (Month) 9th (Day) 1915 (Yr.)

FATHER		MOTHER	
Full Name	David Burnes Scott	Full Maiden Name	Alice Maude Gomersall
Residence	Miami, Ariz	Residence	Miami, Ariz.
Color or Race	White — Age at last Birthday 28 (Years)	Color or Race	White — Age at last Birthday 29 (Years)
Birthplace	America	Birthplace	England
Occupation	Mining engineer	Occupation	Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 9th June 1915, at 4 A. M.

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

(Signature) J. D. Miller, M.D.
(Attending physician, ~~midwife, householder~~*)

Address Miami, Ariz.

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

Filed June 10 1915 — John H. Doey, LOCAL REGISTRAR.

Filed July 5 1915 — A True Copy — B. G. Fox, COUNTY REGISTRAR.

..... COUNTY REGISTRAR.

The number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.