

2333

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.

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 143 State Index No. 510

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 227
Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD Coleman Arthur Miller } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? Yes Date of Birth Aug. 23 1915
(Month) (Day) (Yr.)

FATHER
Full Name Arthur Coleman Miller
Residence Miami, Ariz
Color or Race White Age at last Birthday 27 (Years)
Birthplace American
Occupation Pipe fitter

MOTHER
Full Maiden Name Mary Halley Stacks
Residence Miami, Ariz
Color or Race White Age at last Birthday 20 (Years)
Birthplace American
Occupation Housewife

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 23rd Aug. 1915, at 11²⁰ P. M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) A. J. Miller (MD)
(Attending physician, midwife, householder*)

Given or christian name added from a supplemental report _____ 191 _____
Address Miami, Ariz.

Filed Aug 28 1915 Filed Sept 4 1915 A True Copy
John H. Tracy LOCAL REGISTRAR
B. G. Fox COUNTY REGISTRAR

349-523-1122
COUNTY REGISTRAR.