

2387

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 Lila
 District of _____
 Town of Miami
 or Miami
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 147 State Index 514
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 230
 Local Registrar's No. _____

(No. _____) (St. _____) (Ward _____)

FULL NAME OF CHILD David Garvin Scott Jr. } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Male</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 25</u> 19 <u>15</u>
FATHER			MOTHER		
Full Name <u>David Garvin Scott</u>			Full Maiden Name <u>Gladys C Scott</u>		
Residence <u>Miami</u>			Residence <u>State, 3 C Miles -</u>		
Color or Race <u>White</u>	Age at last Birthday <u>38</u>	(Years)			
Birthplace <u>New Jersey</u>					
Occupation <u>Mechanic</u>					
Full Name _____			Full Maiden Name _____		
Residence _____			Residence _____		
Color or Race <u>White</u>	Age at last Birthday <u>12</u>	(Years)			
Birthplace <u>Texas</u>					
Occupation <u>Housewife</u>					

Number of child of this mother. 2nd 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 Aug 25 1915, at 1450 A.M.

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

(Signature) John E Bacon
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1915

Address John H Lacy
 LOCAL REGISTRAR.

Filed Aug 30 1915 True Copy B. G. Fox
 COUNTY REGISTRAR.

423-825-223 Filed 8/4 1915
 COUNTY REGISTRAR.