

4272

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 Dea  
District of Miami  
Town of Miami  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **113** State Index No. **496**

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **329**

Local Registrar's No. \_\_\_\_\_

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

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth } Legitimate? Yes } Date of Birth Nov. 10, 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Jerome Franklin Landis  
Residence Miami  
Color or Race White Age at last Birthday 30 (Years)  
Birthplace America  
Occupation Clothing merchant

MOTHER  
Full Maiden Name Lela May Piggot  
Residence Miami  
Color or Race White Age at last Birthday 23 (Years)  
Birthplace America  
Occupation Housewife

Number of child of this mother... 1 Number of children, of this mother, now living... \_\_\_\_\_ 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 Nov. 10, 1915, at 1:40 p.m.

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

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

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

Address Miami, Ariz.

Filed Dec 10 1915

John C. Lee  
LOCAL REGISTRAR

Filed Jan 7 1916

B. B. Fox  
COUNTY REGISTRAR

COUNTY REGISTRAR.