4395

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 111

Co. Register No. 93

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 Elizabeth Rose

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

Born Alive: YES ~~NO~~

Sex of Child Female | Twin, Triplet or other One | and | Number in order of birth | Legitimate? Yes | Date of Birth April 11th 1916 (Month) (Day) (Yr.)

**FATHER**

Full Name William Patrick Rose

Residence Miami

Color or Race Caucasion Age at last Birthday 32 (Years)

Birthplace Silver City New Mex.

Occupation Butcher

**MOTHER**

Full Maiden Name Lynne Belle

Residence Miami

Color or Race Caucasion Age at last Birthday 32 (Years)

Birthplace Plevna Mo.

Occupation

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 ..... 191.., at ..... M.

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

(Signature) Dr. Anna Reynolds

(Attending physician, midwife, householder.*)

Address Miami

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

Filed April 20 1916

John H. Lacy

LOCAL REGISTRAR.

595-411-325

COUNTY REGISTRAR.

Filed May 9 1916

A True Copy

B. G. Fox

COUNTY REGISTRAR.

...ate for each, and ...attending Physician or ... must be filed by the local registrar within 5 days after birth.