4528

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 Monap

District of 4

Town of
or
City of Glendale

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 193

Co. Register No. 1356

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Alice Minnie Neville

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	April 1 1916 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	James T. Neville	Full Maiden Name	Nina Allen
Residence	Glendale	Residence	Glendale
Color or Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	20 (Years)
Birthplace	Tennessee	Birthplace	Michigan
Occupation	Rancher	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 April 1 1916, at 1.15 P.M.

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

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

Address Glendale Ariz

Given or christian name added from a supplemental report 191

Filed Apr 1916

A. T. Patterson
LOCAL REGISTRAR.

155-401-515
COUNTY REGISTRAR.

Filed Apr. 11 1916

A True Copy A. B. Nichols
COUNTY REGISTRAR.