895

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 117 State Index No. 618

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 199

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Rita Lois Ashton

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

Born YES / Alive ~~NO~~

Sex of Child Female | Twin, Triplet or other 1 | and | Number in order of birth | Legitimate? Yes | Date of Birth April 5 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Morgan Lee Ashton	Full Maiden Name	Metta Morrison
Residence	Miami	Residence	Miami
Color or Race	W	Color or Race	Wh
Age at last Birthday	35 (Years)	Age at last Birthday	34 (Years)
Birthplace	Texas	Birthplace	Alabama
Occupation	Engineer	Occupation	Housewife

Number of child of this mother 6 | Number of Children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 5 1917, at 6:30 a.M.

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

(Signature) Charles E. Twin M.D.

(Attending physician, ~~midwife, householder.~~)

Address Miami

Given or Christian name added from a supplemental report 191

Filed May 10 1917.

John H. Lacy

LOCAL REGISTRAR.

915-405-445

COUNTY REGISTRAR.

Filed June 5 1917.

A True Copy

B. Y. Jot

COUNTY REGISTRAR.