

PLACE OF BIRTH
 County of Dala
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 163
 Co. Register No. 353
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Bessie Beatrice Day { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child A Twin, Triplet or other 1 } and { Number in order of birth 1 } Legitimacy Y Date of Birth Nov 22 1917
 (Month) (Day) (Yr.)

FATHER
 Full Name Phillip Ed Day
 Residence Miami
 Color or Race White Age at last Birthday 26 (Years)
 Birthplace Texas
 Occupation Mechanic

MOTHER
 Full Maiden Name Bessie Grosh
 Residence Miami
 Color or Race White Age at last Birthday 21 (Years)
 Birthplace Louisiana
 Occupation Housewife

Number of child of this mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov 22 1917 at 11:30 A.M.
 *When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles E. ...
 (Attending physician, midwife, householder,*)

Given or Christian name added from a supplemental report _____ 191...

Address Miami, Arizona

248-100-278
 COUNTY REGISTRAR.

Filed Dec 27 1917

John H. ...
 LOCAL REGISTRAR.

Filed Jan 7 1918
 A True Copy

R. G. Fox
 COUNTY REGISTRAR.