

Damaged Document(s)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>46704</u>
District of <u>Davidson</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. _____
Town of _____			Local Registrar No. _____
or			
City of <u>Tucson</u>		No. <u>R. D. 2</u>	St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Rhea James</u>			If child is not yet named, make supplemental report, as directed
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>g</u>	5. No., in order of birth. <u>1</u>
		6. Legitimate? <u>yes.</u>	7. Date of birth <u>Aug. 25, 1918.</u> (Month, day, year)
8. FATHER Full name <u>Joseph Henry James</u>		14. MOTHER Full maiden name <u>Rhoda May Nelson James</u>	
9. Residence (Usual place of abode) <u>Tucson</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Tucson</u> If nonresident, give place and State	
10. Color or race <u>American</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>American</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Col. Diaz</u> (State or country) <u>Mich. Mex.</u>		16. Birthplace (city or place) <u>Love Valley</u> (State or country) <u>Mich. Mex.</u>	
13. Occupation <u>Farmer</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at _____ m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Mrs. Louisa Done</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Tucson, Ariz. Box 131, R. D. 2</u>	
<u>912-825-955</u> Registrar.		Filed <u>10-25</u> , 19 <u>22</u> <u>A. L. Schmalzel</u> Local Registrar.	
		Filed _____, 19____ County Registrar.	