

1640

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH Gila County of Gila State Index No. 441
 District of Miami Co. Register No. 446
 Town of Miami or City of _____ (No. _____) St. _____ Ward _____
 Local Registrar's No. _____

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>No</u>	and	Number in order of birth <u>1</u>	Legal male <u>yes</u>	Date of Birth <u>Sept 6</u> 191 <u>8</u> (Month) (Day) (Yr.)
----------------------------	----------------------------------	-----	-----------------------------------	-----------------------	---

FATHER		MOTHER	
Full Name <u>Donald Brown</u>	Residence <u>Miami</u>	Full Maiden Name <u>Cornelia Woods</u>	Residence <u>Miami</u>
Color or Race <u>white</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>white</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>Ariz.</u>	Occupation <u>Pump man</u>	Birthplace <u>Ariz.</u>	Occupation <u>House wife</u>

Number of child of this mother... 3 Number of children, of this mother, now living... 3 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 Sept 6 1918, at 9:30 M.
 (*When there is no attending physician or midwife, then the householder should make this return.)
 (Signature) B. N. Hays M.D.
 (Attending physician, midwife, householder.)*
 Given or christian name added from a _____
 Address Miami, Ariz.
 Supplemental report 191.....
 Filed Apr 27 1918 John H. Lacey LOCAL REGISTRAR.
325-906-367 Filed Oct 11 1918 A-True Copy B. E. Jax COUNTY REGISTRAR.
 COUNTY REGISTRAR. COUNTY REGISTRAR.