PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

Co. Registrar's No. 566

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Odessa Trussell

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 (Month, Day, Yr.)
F	1		1	Y	Oct 18 1918

FATHER		MOTHER	
Full Name	Ira Trussell	Full Maiden Name	Lena Simmonds
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	41 Years	Age at last Birthday	32 Years
Birthplace	Mo	Birthplace	Ky
Occupation	Mill Man	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 Oct 18 1918 at 8:45 ~~A.M.~~

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

Signature Robert E Sim M.D.
Attending physician, midwife, householder.*

Address Miami

Given or Christian name added from a supplemental report 191

Filed Dec 31 1918

John H Lacy
LOCAL REGISTRAR

633-1018-327
COUNTY REGISTRAR.

Filed Jan 8 1919

A True Copy
B. G. Fox
COUNTY REGISTRAR.