

983

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
(No. _____ St; _____ Ward)

State Index No. 167
Co. Register No. 309
Local Registrar's No. _____

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

Sex of child Female } Twin, Triplet or other } and } Number in order of birth 2 } Legitimate? yes } Date of Birth Apr 25 1919
(Month) (Day) (Yr.)

FATHER
Full Name Samuel Leonard Brown
Residence Miami Ariz
Color or Race White Caucasian Age at last Birthday 28 (Years)
Birthplace Mesa Ariz
Occupation Miner

MOTHER
Full Maiden Name Olive Catherine Gilmore
Residence Miami Ariz
Color or Race White Age at last Birthday 19 (Years)
Birthplace New Mexico
Occupation Housewife

Number of child of this mother 2 Number of Children, of this mother, now living 2 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 25 1919, at 8:45 M.

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

(Signature) April M. Crow M.D.
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 1919

Address Miami, Arizona

425-425-675
COUNTY REGISTRAR.

Filed Jan 15 1919
A True Copy
Filed JUL 7 1949

W. D. Gray
LOCAL REGISTRAR.
B. S. Gray
COUNTY REGISTRAR.