[redacted]

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 183

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 645

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Sidney William Ellery

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.)
Male			1	yes	Nov. 19 1919.

FATHER		MOTHER	
Full Name	Sidney William Ellery	Full Maiden Name	Edith R. Piggott
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	22 (Years)	Age at last Birthday	24 (Years)
Birthplace	Colorado	Birthplace	Bessemer, Mich.
Occupation	Banker	Occupation	Housewife

No. of child of this mother 1 | Number of Children, of this mother, now living 1 | 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 Nov. 19, 191__, at 4 P.M.

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

(Signature) Cyril M. Cron M.D.

(Attending physician, ~~midwife, householder.*~~)

Address Miami, Arizona.

Name or Christian name added from a supplemental report _____ 191__

Filed Nov 30 1919. N. D. Brayton

LOCAL REGISTRAR.

758-1119-573

COUNTY REGISTRAR.

Filed 11/30 1919.

A True Copy B. S. Scott

COUNTY REGISTRAR.