

PLACE OF BIRTH
 County of Gila
 District of _____
 City of _____
 State of _____
 (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 208
 Co. Register No. 663
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

LEGAL NAME OF CHILD Mary Jean Stewart } Born NO
 Child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive YES

Sex of child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Nov-27-1919</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Charley Stewart</u>			Full Maiden Name <u>Elizabeth Bissett</u>		
Residence <u>Miami Ariz</u>			Residence <u>Miami Ariz</u>		
Color or Race <u>white</u>			Color or Race <u>white</u>		
Age at last Birthday <u>53</u> (Years)			Age at last Birthday <u>53</u> (Years)		
Birthplace <u>Milwaukee wis</u>			Birthplace <u>Milwaukee wis</u>		
Occupation <u>mechanic</u>			Occupation <u>housewife</u>		
Number of children of mother <u>3</u>	Number of Children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of the above child; and that it occurred on Nov-27-1919, at 11 A.M.
 When there is no attending physician or midwife, then the householder should make this return.
 (Signature) T.H. Slaughter
 (Attending physician, midwife, householder.*)

For Christian name added from a supplemental report _____ 191____
 Filed Dec 2 1919
 A True Copy Filed 11/30 1919
23-1127-523
 COUNTY REGISTRAR.

W.D. Broughton
 LOCAL REGISTRAR.
R.G. J. of
 COUNTY REGISTRAR.