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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. 182

Co. Register No. 295

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Lee Gearheart

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.)
M	1		1	Y	May 29 1920

FATHER		MOTHER	
Full Name	James Lee Gearheart	Full Maiden Name	Laura Terry
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday (Years)	43	Age at last Birthday (Years)	23
Birthplace	Mo	Birthplace	Texas
Occupation	Teamster	Occupation	X

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 May 29 1920, at 19 M.

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

(Signature) Charl E Finn
(Attending physician, ~~midwife, householder.~~*)

Address Miami

Given or Christian name added from a supplemental report 191

Filed 5/31/1920. T H Slaughter
LOCAL REGISTRAR.

383-529-339
COUNTY REGISTRAR.

Filed 6-5 1920 A True Copy B G Fox
COUNTY REGISTRAR.