

PLACE OF BIRTH
County of Gila ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS State Index No. 191

District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 298
Town of _____ Local Registrar's No. _____
or _____
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Not named } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of child M { and { Number in order of birth 3 Legitimate? Yes Date of Birth May 31 1920
(Month) (Day) (Yr.)

FATHER
Name O. W. Miles
Residence Globe
Color or Race W Age at last Birthday 47 (Years)
Birthplace California
Occupation Hotel Proprietor

MOTHER
Full Maiden Name Florance Pascoe
Residence Globe, Ariz
Color or Race W Age at last Birthday 43 (Years)
Birthplace California
Occupation Housewife

Number of child of this mother 3 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 May 31 1920 at 17:00 Noon
(Signature) [Signature]
(Attending physician, midwife, householder*)

Given or Christian name added from a Supplemental report _____ 191 _____ Filed 6-1 1920 Address B. S. Fiat
A True Copy LOCAL REGISTRAR.
049-531-675 Filed 6-1 1920 COUNTY REGISTRAR. COUNTY REGISTRAR.