2165

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of ~~Miami~~ Gila BUREAU OF VITAL STATISTICS State Index No. 152

District of ..... ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 597

Town of Miami Local Registrar's No. .....

or

City of ..... (No. Miami-Inspiration Hospital St; ..... Ward)

FULL NAME OF CHILD Lois Alice Stone { Born / Alive } YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Oct. 6 1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Francis Oliver Stone	Full Maiden Name	Lois McFarland Armstrong
Residence	Miami, Ariz	Residence	Miami, Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	26 (Years)	Age at last Birthday	21 (Years)
Birthplace	El Paso, Texas	Birthplace	Junction City, Kansas
Occupation	Operator in Copper Ore Concentrator	Occupation	Housewife

Number 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 occured on Oct. 6, 1920, at 4:26 P.M. 4:26 P.M.

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

(Signature) F. G. Miller
(Attending physician, ~~midwife, householder~~.*)

Given or Christian name added from a supplemental report ..... 191....

Address Miami, Ariz.

Filed 10/8/1920 T H Slaughter
LOCAL REGISTRAR.

A True Copy

325-1006-317
COUNTY REGISTRAR.

Filed 10/27 1920 B. G. Fox
COUNTY REGISTRAR.