

197

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Dila
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

State Index No. 191
Co. Registrar's No. 703
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Iheda Helene Brown Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth 4 Legitimate yes Date of Birth Nov. 12 1920
Month Day Yr.

FATHER
Full Name Marcus Ray Brown
Residence Miami, Arizona
Color or Race White Age at last Birthday 31 Years
Birthplace Sacramento, Calif.
Occupation Millman

MOTHER
Full Maiden Name Marjory Whitney
Residence Miami, Arizona
Color or Race White Age at last Birthday 21 Years
Birthplace Los Angeles, Calif.
Occupation Housewife

Number of child of this Mother 4 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 Nov. 12, 1920, at 8³⁰ A.M.

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

Signature April M. Crow M.D.
Attending physician, midwife, householder.*

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

Address Miami, Arizona

325-1112-468
COUNTY REGISTRAR.

Filed 12/24/20

J. H. Laughlin
LOCAL REGISTRAR.

Filed 12-27-1920 A True Copy

B. J. Fox
COUNTY REGISTRAR.