

2145

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150  
Co. Register No. 16  
Local Registrar's No. \_\_\_\_\_

(No. Miami-Inspiration Hospital St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD James Henry Terrell Jr. { Born } Yes  
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } **NOX**

Sex of Child Male. Twin, Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth 1 Legitimate? Yes Date of Birth Jan 9 1921  
(Month) (Day) (Yr.)

FATHER  
Full Name James Henry Terrell.  
Residence Miami, Arizona.  
Color or Race White Age at last Birthday 22 (Years)  
Birthplace Texas.  
Occupation Crane operator.

MOTHER  
Full Maiden Name Ethyle Olivia Ryden  
Residence Miami, Arizona.  
Color or Race White Age at last Birthday 22 (Years)  
Birthplace Mexico  
Parents American Citizens.  
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\*

PM

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 9 1921, at 12.15.

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

(Signature) John S. Mason

(Attending physician, midwife, householder.\*)

Address Miami - Arizona

Given or Christian name added from a supplemental report \_\_\_\_\_ 192\_\_\_\_\_

Filed Jan 11 1921

B.W. Haddy M.D.  
LOCAL REGISTRAR.

133-09-595  
COUNTY REGISTRAR.

Filed Feb 5 1921 A True Copy

B.W. Haddy  
COUNTY REGISTRAR.