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SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1077
 Co. Registrar's No. 365
 Local Registrar's No. _____

FULL NAME OF CHILD Mary Jane Lewis 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 1 Legitimate? yes Date of Birth June 24 - 1921
 Month Day Yr.

FATHER
 Full Name William Lewis
 Residence Miami, Arizona
 Color or Race White Age at last Birthday 27 Years
 Birthplace DuBois, Pa.
 Occupation Electrician

MOTHER
 Full Maiden Name Louise Beatty Pratt
 Residence Miami, Arizona
 Color or Race White Age at last Birthday 27 Years
 Birthplace Corning, N. Y.
 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 occurred on June 24, 1921, at 1:15 A.M.

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

Signature C. M. Brown M.D.
 Attending physician, midwife, householder.*

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

Address Miami, Arizona

432-624-373
 COUNTY REGISTRAR.

Filed June 30, 1921
 A True Copy
 Filed July 5, 1921
B. B. [Signature]
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.