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. 140

Co. Registrar No. 370

Local Registrar's No.

(No. St. Ward)

FULL NAME OF CHILD Don Lee Rush

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

Born Alive: YES

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M	1		2	Y	June 25 '21

FATHER		MOTHER	
Full Name	Don Lee Rush	Full Maiden Name	Althea Aline Ashman
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday (Years)	27	Age at last Birthday (Years)	26
Birthplace	Okla	Birthplace	Calif
Occupation	Dentist	Occupation	K

Number of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
2	2	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 25 1921, at 3:45 A.M.

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

(Signature) Charles E. Finn M.D.
(Attending physician, midwife, householder.*)

Address Miami Arizona

Given or Christian name added from a supplemental report 192

Filed June 27 1921 B. M. Hardy M.D.
LOCAL REGISTRAR.

498-625-115
COUNTY REGISTRAR.

Filed July 5 1921 A True Copy B.G. [illegible]
COUNTY REGISTRAR.