

1843

The number of each, in order of birth, stated. This certificate must be filed by the attending physician, and or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Gila State Index No. 155
District of _____ Co. Registrar's No. 356
Town of Miami Local Registrar's No. _____
or _____
City of _____ (No. _____ St. _____ Ward _____)

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

Sex of Child Male ^{Twin, Triplet or other} } and { Number in order of birth 2 Legitimate? yes Date of Birth July 7 1921
Month Day Yr.

FATHER		MOTHER	
Full Name	<u>Harold Sherman Ross</u>	Full Maiden Name	<u>Lena May Cole</u>
Residence	<u>Miami, Arizona</u>	Residence	<u>Miami, Arizona</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>27</u> Years	Age at last Birthday	<u>29</u> Years
Birthplace	<u>Albert Lee, Minn.</u>	Birthplace	<u>Puyser, Arizona</u>
Occupation	<u>Mining Engineer</u>	Occupation	<u>Housewife</u>
Number of child of this Mother	<u>2</u>	Number of Children, of this mother, now living	<u>2</u>
		Were precautions taken against Ophthalmia neonatorum?	<u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 7, 1921, at 11 P.M.

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

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

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

Address Miami, Arizona

Filed 7/15 1921 B. W. Hardy M.D. LOCAL REGISTRAR.

Filed Aug 3 1921 W. J. ... COUNTY REGISTRAR.

192-707-335 COUNTY REGISTRAR.