ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 100

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 526

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St: _____ Ward)

FULL NAME OF CHILD Richard Lester Ballard | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin~~, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	1911 Yr.
Male				yes	Oct.	18	

FATHER		MOTHER	
Full Name	Richard Lester Ballard	Full Maiden Name	Ella May Hamblin
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	26 Years	Age at last Birthday	17 Years
Birthplace	Pima, Arizona	Birthplace	Safford, Arizona
Occupation		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 Oct. 18, 1911, at 12 M.

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

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

Address Miami, Arizona

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

Filed Oct 20 1911 [signature] LOCAL REGISTRAR.

924-1018-585
COUNTY REGISTRAR.

A True Copy

Filed 11-7 1911 [signature]
COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE REPORT 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.