

960

SEPARATE RETURN must be made for each, and in order of birth, stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila State Index No. 101
 District of _____ Co. Registrar No. 141
 Town of Miami Local Registrar No. _____
 or Miami - Inspiration Hospital
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Jan Andrews If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth April 10, 1922 (Month, day, year)

8. Full name of FATHER <u>Eric Robert Andrews</u>		14. Full maiden name of MOTHER <u>Margaret Miller</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami, Ariz</u> If nonresident, give place and State	
10. Color or race <u>White</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>India</u> (State or country)		18. Birthplace (city or place) <u>Jerome, Ariz</u> (State or country)	
13. Occupation <u>Drayman</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

N. B.—In case of more than

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P. m. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)
 Address Miami, Arizona
 Given name added from a supplemental report _____ (Month, day, year)
 Filed Apr 10, 1922 B. M. Ford Local Registrar.
 Filed May 6, 1922 B. G. Gray County Registrar.

912-110-1149