

994

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of _____
Town of Claypool
or _____
City of _____ No. 914 Oak St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127
Co. Registrar No. 174
Local Registrar No. _____

2. Full name of child Thurman Price } 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 27, 1922 (Month, day, year)

8. FATHER
Full name Robert Lester Price

14. MOTHER
Full maiden name Nannie May Webb

9. Residence (Usual place of abode) Claypool, Ariz.
If nonresident, give place and State

15. Residence (Usual place of abode) Claypool
If nonresident, give place and State

10. Color or race White 11. Age at last birthday 34 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) North Carolina
(State or country)

18. Birthplace (city or place) Georgia
(State or country)

13. Occupation Smelter foreman (Copper)
Nature of Industry

19. Occupation Housewife
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 4 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:45 a. 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. F. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ (Month, day, year)

Filed May 6, 1922 B. M. Hardy Local Registrar.

Filed 6/03, 1922 J. S. Fox County Registrar.

Registrar.

375-427-562