

2392

... 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 Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139
Co. Registrar No. 268
Local Registrar No. _____

No. _____ St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Jack Williamson Steel } 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 1
6. Legitimate? yes
7. Date of birth 6/22 1922 (Month, day, year)

8. FATHER
Full name Jack Williamson Steel

14. MOTHER
Full maiden name Lillian Cronin

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

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

10. Color or race white
11. Age at last birthday 21 (Years)

16. Color or race White
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Tucson, Ariz
(State or country)

18. Birthplace (city or place) Miami, Ariz
(State or country)

13. Occupation
Nature of Industry Min Surveyor

19. Occupation
Nature of Industry Housewife

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 ✓ (c) Stillborn ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 2 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 Geo. A. Page (Physician or midwife)

Address Miami, Ariz

Given name added from a supplemental report _____
(Month, day, year) _____
Filed 6/30, 1922 B.M. Hardy Local Registrar.

123-622-535 Registrar. Filed 7-5, 1922 R. J. [Signature] County Registrar.