

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

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
State Index No. 120
County of Hila
District of _____
Town of Miami
City of _____ (No. _____ St. _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH
Co. Registrar's No. 312
Local Registrar's No. _____
FULL NAME OF CHILD Betty Lou Allen } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female } and } Number in order of birth 4 } Legiti- mate? yes } Date of Birth July 15 1922
Twin, Triplet or other _____ } _____ } _____ } _____ } Month Day Yr.

FATHER
Full Name Henry Allen
Residence Miami, Arizona
Color or Race White Age at last Birthday 33 Years
Birthplace Costulla, Texas
Occupation Office man

MOTHER
Full Maiden Name Ruth Weyer
Residence Miami, Arizona
Color or Race White Age at last Birthday 32 Years
Birthplace Graham, Texas
Occupation Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | 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 July 16, 1922 at 10 P.M.

{ *When there is no attending physi- cian or midwife, then the householder should make this return. }
Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191_____
Address Miami, Arizona
Filed July 22 1922 B. M. Hardy LOCAL REGISTRAR.
A True Copy
Filed July 28 1922 B. E. Day COUNTY REGISTRAR.
215-715-969
COUNTY REGISTRAR.