

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Dila
District of _____
Town of Miami
or _____
City of _____ No. 90-B Kinney Drive St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cecile Venner } 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 Aug. 6, 1922 (Month, day, year)

8. FATHER Full name <u>Fredrick Thomas Venner</u>	14. MOTHER Full maiden name <u>Aussie Renowden</u>
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State	15. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State
10. Color or race <u>White</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>34</u> (Years)	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>England</u> (State or country)	18. Birthplace (city or place) <u>England</u> (State or country)
13. Occupation <u>Copper Concentrator foreman</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 2 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:30 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)
359-806-195 Registrar.

Filed Aug 14, 1922 B. G. J. O'Neil Local Registrar.
Filed 9-7, 1922 B. G. J. O'Neil County Registrar.