

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of _____
Town of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158
Co. Registrar No. 373
Local Registrar No. _____

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 Percy Dillon } 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. win, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Aug 16-1922 (Month, day, year)

8. Full name Percy Dillon FATHER

14. Full maiden name Agusta Dillon MOTHER

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 Indian 11. Age at last birthday 23 (Years)

16. Color or race Indian 17. Age at last birthday 21 (Years)

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

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

13. Occupation Labourer Road Nature of Industry

19. Occupation HW 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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aug 16-1922 at 2 P m. on the date above stated.

*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 D. G. S. Irvine (Physician or midwife)

Address Miami Ariz

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

Filed Aug 31, 1922 B. G. S. Irvine Local Registrar.

745-816-145 Registrar.

Filed 9/7, 1922 B. G. S. Irvine County Registrar.

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.