

2766

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.

PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**

1. County of Dela BUREAU OF VITAL STATISTICS State Index No. 125
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 112
 Town of Miami Local Registrar No. _____
 or _____
 City of _____ No. Claypool St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Turner Winfrey 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 3 6. Legitimate? yes 7. Date of birth Feb. 17-1923 (Month, day, year)

FATHER	MOTHER
8. Full name <u>John Turner Winfrey</u>	14. Full maiden name <u>Nina Hudnall</u>
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State	15. Residence (Usual place of abode) <u>Miami, Ariz.</u> 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>43</u> (Years)	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Willsport</u> (State or country) <u>Texas</u>	18. Birthplace (city or place) <u>Austin</u> (State or country) <u>Texas</u>
13. Occupation <u>Farmer</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.) <u>3</u> (a) Born alive and now living <u>3</u> (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 2¹⁵ 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 C. M. Crow M.D. (Physician or midwife)
 Address Miami, Arizona
 Given name added from a supplemental report _____
 (Month, day, year) _____

Filed Feb 28, 1923 Charles E. Dean Local Registrar.
 Filed 3/3rd, 1923 B. G. Gray County Registrar.

Registrar. 168-217-543