

2-11-23

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  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130  
Co. Registrar No. 116  
Local Registrar No. \_\_\_\_\_

2. Full name of child John Wilfred White 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 Feb 20-1923 (Month, day, year)

8. FATHER Full name Shirley White  
9. Residence (Usual place of abode) Miami - Ariz. If nonresident, give place and State  
10. Color or race White  
11. Age at last birthday 23 (Years)  
12. Birthplace (city or place) Asura (State or country) West Virginia  
13. Occupation Carpenter 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.) 1 (a) Born alive and now living... (b) Born alive but now dead... (c) Stillborn...

14. MOTHER Full maiden name Dora Hendricks  
15. Residence (Usual place of abode) Miami - Ariz. If nonresident, give place and State  
16. Color or race White  
17. Age at last birthday 19 (Years)  
18. Birthplace (city or place) (State or country) Texas  
19. Occupation Housewife Nature of industry

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11:00 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 E. 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. Davis Local Registrar.  
Filed 3/5, 1923 B.S. Fox County Registrar.

Registrar. 165-220-482