

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 <u>Yuma</u> | | BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH | State Index No. <u>138</u> |
| District of _____ | | | Co. Registrar No. <u>240</u> |
| Town of <u>Miami</u> | | | Local Registrar No. _____ |
| or _____ | | | |
| City of _____ | | No. <u>L-39 Live Oak Hill</u> St. _____ Ward) _____ | |
| (If birth occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| 2. Full name of child <u>Billy Bess Bennett</u> | | } If child is not yet named, make supplemental report, as directed | |
| 3. Sex of child <u>W</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 5. No., in order of birth _____ |
| | | 6. Legitimate? _____ | 7. Date of birth <u>April 10, 1923</u> (Month, day, year) |
| 8. FATHER Full name <u>Julie Frederick Bennett</u> | | 14. MOTHER Full maiden name <u>Anna Lou Sterns</u> | |
| 9. Residence <u>(Live Oak) Miami Arizona</u> (Usual place of abode) If nonresident, give place and State | | 15. Residence <u>(Live Oak) Miami Arizona</u> (Usual place of abode) If nonresident, give place and State | |
| 10. Color or race <u>white</u> | 11. Age at last birthday <u>37</u> (Years) | 16. Color or race <u>W</u> | 17. Age at last birthday <u>35</u> (Years) |
| 12. Birthplace (city or place) <u>Georgia</u> (State or country) | | 18. Birthplace (city or place) <u>Mississippi</u> (State or country) | |
| 13. Occupation <u>motor boss (Copper Mine)</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 <u>4</u> (b) Born alive but now dead <u>one</u> (c) Stillborn <u>0</u> | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | |
| I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12:40</u> 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 <u>J. F. Miller</u> (Physician or midwife) | |
| | | Address <u>Miami, Arizona</u> | |
| Given name added from a supplemental report _____ (Month, day, year) | | Filed <u>Apr 30</u> , 19 <u>23</u> <u>C. E. Davis</u> Local Registrar. | Filed <u>5/5/23</u> , 19 <u>23</u> <u>B. G. Jay</u> County Registrar. |
| <u>223-410-122</u> Registrar. | | | |