

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>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>163</u>
District of <u>Lower Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>262</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____		No. <u>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>Lorene Sharp</u>		} If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
		5. No., in order of birth <u>2nd</u>	7. Date of birth <u>April 22, 1923</u>
		(Month, day, year)	
8. Full name <u>Father</u> <u>Floyd Burton Sharp</u>		14. Full maiden name <u>MOTHER</u> <u>Kathel Mary Tazekas</u>	
9. Residence <u>Miami, Arizona</u>		15. Residence <u>Miami, Arizona</u>	
(Usual place of abode) If nonresident, give place and State		(Usual place of abode) If nonresident, give place and State	
10. Color or race <u>White</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Indian Territory</u>		18. Birthplace (city or place) <u>Oklahoma</u>	
(State or country)		(State or country)	
13. Occupation <u>Caper Copper Mine</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		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>0</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>4:55 p.m.</u> 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>F. J. Miller</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address _____	
(Month, day, year)			
<u>327-422-562</u>		Filed <u>Apr 30</u> , 19 <u>23</u> <u>C. E. Dinn</u>	
Registrar.		Filed <u>5/10</u> , 19 <u>23</u> <u>Ray Jay</u>	
		Local Registrar. County Registrar.	