

V.S. No. 2  
 MAR 2 1923  
 RESERVED FOR FILING  
 UNFADING INK—THIS IS A PERMANENT RECORD  
 WRITE PLAINLY  
 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>Apache</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>1a</u>	
District of <u>Cooley</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. _____	
Town of _____		Local Registrar No. _____	
or _____			
City of _____ No. _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)	St. _____ Ward _____	
2. Full name of child <u>Emily Levina Brown</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 _____	7. Date of birth <u>May 16 1923</u> (Month, day, year)
FATHER		MOTHER	
14. Full name <u>Charlie Francis Brown</u>		14. Full maiden name <u>Lydia Jane Jackson</u>	
9. Residence (Usual place of abode) <u>Cooley Ariz</u>		15. Residence (Usual place of abode) <u>Cooley Ariz</u>	
If nonresident, give place and State		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>50</u> (Years)		17. Age at last birthday <u>40</u> (Years)	
12. Birthplace (city or place) <u>Missouri</u>		18. Birthplace (city or place) <u>Orange Co Texas</u>	
(State or country)		(State or country)	
13. Occupation <u>Laborer &amp; rancher</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>9</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>born alive</u> at <u>12:45</u> 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 <u>A. D. Nichols M.D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Cooley Arizona</u>	
<u>525-501-315</u> Registrar.		Filed <u>9/4</u> 19 <u>25</u> <u>A. D. Nichols M.D.</u> Local Registrar.	
		Filed _____, 19____ County Registrar.	