

1627

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 Lima  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130  
Co. Registrar No. 307  
Local Registrar No. \_\_\_\_\_

No. E-72 Davis Canyon St. \_\_\_\_\_ Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robbin De Shane } If child is not yet named, make supplemental report, as directed

3. Sex of child female } To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth May 9, 1923 (Month, day, year)

8. FATHER Full name Milton De Shane

14. MOTHER Full maiden name Mary Alice Mc Cluskey

9. Residence (Usual place of abode) Miami Arizona If nonresident, give place and State

15. Residence (Usual place of abode) Miami Arizona If nonresident, give place and State

10. Color or race White 11. Age at last birthday 29 (Years)

16. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Indian Territory (State or country)

18. Birthplace (city or place) New Mexico (State or country)

13. Occupation Pepe man Copper mine Nature of Industry

19. Occupation Housewife 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 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:45 PM 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 J. J. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)

Filed May 31, 1923 C. E. Irvine Local Registrar.

Filed 6/6, 1923 B. G. Lox County Registrar.

Registrar. 945-509-448