

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 Dila District of Lower Miami Town of Miami
 or
 City of _____ No. Dairy Canyon St. _____ Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137
 Co. Registrar No. 316
 Local Registrar No. _____

2. Full name of child Remmett Ernest Banks Jr 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. _____ 6. Legitimate? yes 7. Date of birth May 14, 1923 (Month, day, year)

8. FATHER Full name Remmett Ernest Banks

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

10. Color or race White

11. Age at last birthday 42 (Years)

12. Birthplace (city or place) Kansas (State or country)

13. Occupation Lunch Room Keeper Nature of Industry

14. MOTHER Full maiden name Mabel Finney

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

16. Color or race White

17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Texas (State or country)

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 2:40 a.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 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. Davis Local Registrar.

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

Registrar. 522-514-468