

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

2. Full name of child Abby Callen McMarion 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 3 6. Legitimate? yes 7. Date of birth June - 7 - 23
Month Day Year

8. FATHER Full name <u>Frank McMarion</u>		14. MOTHER Full maiden name <u>Emily Jane Richards</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>48</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>Ireland</u> (State or country)		18. Birthplace (city or place) <u>France</u> (State or country)	
13. Occupation <u>Laborer</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 herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at H.P. 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 T. H. Slaughter M.D. Address Miami Ariz
Physician or midwife

Given name added from a supplemental report _____ Month, day, year. Filed July 1, 1923 P. E. Jwin Local Registrar.
Registrar. Filed 7-7 1922 A. J. Stal County Registrar.

445-607-592