

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

PLACE OF BIRTH
County of Yuma
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)
Full name of child Louis Ware (If child is not yet named, make supplemental report, as directed.)

State Index No. 111a
County Registrar No. 714
Local Registrar No. _____

1. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth June 7 - 1923
Month day year

5. No., in order of birth _____

8. FATHER Full name <u>S. Louis Ware</u>		14. MOTHER Full maiden name <u>Virginia Boyel Morrow</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>38</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Ky</u> (State or country)		18. Birthplace (city or place) <u>Ky</u> (State or country)	
13. Occupation <u>Mining Engineer</u> Nature of industry <u>Copper Mine</u>		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother taken as of time of birth of child herein (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
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 Born alive at 10 P. on the date above stated.
(Born alive or stillborn.)
Signature H. J. Miller (Physician or midwife)
Address Miami Ariz.
Filed Nov 30, 1923 C. E. Irving Local Registrar.
Filed 12/8 R. E. Jick County Registrar.

*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 evidences of life after birth.
Even name added from supplemental report _____
Month, day, year. 365-607-546 Registrar.