

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

PLACE OF BIRTH
1. County of Gila
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)

State Index No. 153
County Registrar No. 419
Local Registrar No. _____

2. Full name of child Vant Hawkins (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. Legitimate? Not yes 6. Date of birth June 25-1923
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Abraham Lincoln Hawkins</u>		Full maiden name <u>Lilly Palmer</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>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Eden</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>Eden</u> (State or country) <u>Arizona</u>	
13. Occupation Nature of industry <u>Timberman</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7:30 p.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 C. M. Crow M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year. _____

Filed July 31, 1923 C. E. Davis Local Registrar.
Filed Aug 3, 1923 B. S. Fry County Registrar.

Registrar.

582-625-379