

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

1. County of DeLa ARIZONA STATE BOARD OF HEALTH

District of \_\_\_\_\_ BUREAU OF VITAL STATISTICS

Town of Miami ORIGINAL CERTIFICATE OF BIRTH

or \_\_\_\_\_ State Index No. 137

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ County Registrar No. 435

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Local Registrar No. \_\_\_\_\_

2. Full name of child James Thomas Lee 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 4 6. Legitimate? yes 7. Date of birth July 3-1923-

5. No., in order of birth 4 Month Day Year

8. FATHER

Full name James Jackson Lee

9. Residence (Usual place of abode) Miami, Ariz. If nonresident, give place and state

10. Color or race white

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Newton Co., Ark. (State or country)

13. Occupation Nature of industry Machinist

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 4 (b) Born alive but now dead 0 (c) Stillborn 0

14. MOTHER

Full maiden name Myrtle Hammond

15. Residence (Usual place of abode) Miami, Ariz. If nonresident, give place and state

16. Color or race white

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Crawford, Ark. (State or country)

19. Occupation Nature of industry Housewife

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 at 8 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 C. M. Crow M.D. (Physician or midwife)

Address Miami, Ariz.

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. \_\_\_\_\_ Filed July 31, 1923 \_\_\_\_\_ Filed July 3, 1923 \_\_\_\_\_

Registrar. \_\_\_\_\_ Local Registrar. C. E. Davis County Registrar. R. S. Fry

135-703-4184