

1007

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
REASON—NEVER FOR
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

State Index No. 173
County Registrar No. 466
Local Registrar No. _____

PLACE OF BIRTH
1. County of Yuma
District of Lower Miami
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 Edward Almond Rhodes { 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 July 19, 1923
Month Day Year

8. FATHER
Full name Albert Howard Rhodes

14. MOTHER
Full maiden name Wealthy Josephine Cox

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

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If nonresident, give place and state

16. Color or race White 11. Age at last birthday 57 (Years)

17. Color or race White 17. Age at last birthday 31 (Years)

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

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

13. Occupation Miner (Copper)
Nature of industry

19. Occupation Housewife
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 4
(b) Born alive but now dead 1
(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 alive at 4:35 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 J. J. Miller
Address Miami, Arizona
(Physician or midwife)

Given name added from _____
a supplemental report _____
Month, day, year. Filed July 31, 1923 C. S. Jones Local Registrar.
Filed 5/3, 1923 B. J. Jones County Registrar.
Registrar.

592-719-637