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MAINTAINED FOR PERMANENT RECORD  
RESERVED FOR PERMANENT RECORD  
WHITE 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

State Index No. 178  
County Registrar No. 473  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH Delo  
1. County of \_\_\_\_\_  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

No. Miami-Insulation Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gammon\* 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 22, 1923  
Month Day Year

8. FATHER  
Full name Ollie Austin Gammon

14. MOTHER  
Full maiden name Dora May Asher

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

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

10. Color or race White 11. Age at last birthday 40 (Years)

16. Color or race White 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Webb City  
(State or country) Missouri

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Arkansas

13. Occupation Piler engine room  
Nature of industry Copper mine & mill

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 5  
(b) Born alive but now dead 2  
(c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.)

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 12:30 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 J. F. Miller  
Address Miami, Arizona  
(Physician or midwife)

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

Filed July 31, 1923 L. E. Dixon Local Registrar.  
Filed 8/3, 1923 B. B. Jones County Registrar.

Registrar. \_\_\_\_\_

\* U.S. died July 26, 1923 from prematurity  
before name was given J. F. Miller

075-722-419