

48 15

in order of birth stated.

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

PLACE OF BIRTH Gila

1. County of Gila State Index No. 140  
District of \_\_\_\_\_ County Registrar No. 511  
Town of miami Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 1129 Live Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jay Lavon Markham 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth August 5, 1923  
Month Day Year

8. FATHER Full name <u>William Jay Markham</u>	14. MOTHER Full maiden name <u>Laura Amelia Curtis</u>
9. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state
10. Color or race <u>white</u>	16. Color or race <u>white</u>
11. Age at last birthday <u>53</u> (Years)	17. Age at last birthday <u>43</u> (Years)
12. Birthplace (city or place) <u>Idaho</u> (State or country)	18. Birthplace (city or place) <u>Bingham City</u> (State or country) <u>Arizona</u>
13. Occupation <u>Street worker</u> Nature of industry <u>municipal employee</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 certified and including this child.) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____	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 alive at 5:55 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 [Signature] (Physician or midwife)  
Address miami, Arizona

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

Filed Aug 31 1923 P. E. Jones Local Registrar.  
Filed Sept 4 1923 R. Y. Gray County Registrar.

Registrar.

144-805-332