

1868

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

PLACE OF BIRTH Gila

1. County of Gila State Index No. 181
 District of _____ County Registrar No. 569
 Town of Miami Local Registrar No. _____
 or _____
 City of _____ No. Warrior Building St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jasper Casbeer 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 23, 1920
 5. No., in order of birth _____ Month Day Year

<p>8. FATHER Full name <u>Clarence Mack Casbeer</u></p> <p>9. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>28</u> (Years)</p> <p>12. Birthplace (city or place) (State or country) <u>Texas</u></p> <p>13. Occupation <u>Furnace man</u> Nature of industry <u>Copper smelting</u></p>	<p>14. MOTHER Full maiden name <u>Gertrude Gertrude Faircloth</u></p> <p>15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>21</u> (Years)</p> <p>18. Birthplace (city or place) (State or country) <u>Texas</u></p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>
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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 3
 (b) Born alive but now dead 0
 (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 7:40 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 (Physician or midwife)
 Address Miami, Arizona

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

Filed Sept 30 1923 C. E. Iwin Local Registrar.
 Filed Oct 3 1923 B. B. Gray County Registrar.

Registrar.

139-823-708