

4895

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. County of Gila PLACE OF BIRTH
District of _____
Town of miami
or miami - Inspiration
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 Evelyn Kathleen Westerland State Index No. 200
County Registrar No. 572
Local Registrar No. _____

3. Sex of Child female 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 August 30, 1923
Month Day Year

8. FATHER Full name <u>Arthur Belmer Westerland</u>	14. MOTHER Full maiden name <u>Hilda Belle Dimmonds</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>26</u> (Years)	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Marinette</u> (State or country) <u>Wisconsin</u>	18. Birthplace (city or place) <u>McCloud</u> (State or country) <u>Oklahoma</u>
13. Occupation <u>Machinist</u> Nature of industry <u>Copper mine</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. <u>1</u> (b) Born alive but now dead. <u>0</u> (c) Stillborn. <u>0</u>	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 4:55 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 [Signature] (Physician or midwife)
Address miami, Arizona

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

Filed Sept 30, 1923 R. E. Swin Local Registrar.
Filed Oct 3, 1923 R. E. Swin County Registrar.

IN ORDER OF BIRTH STATES.

564-830-822