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# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
 1. County of Yuma  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 No. 719 Merritt  
 City of \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 State Index No. 6152  
 County Registrar No. 618  
 Local Registrar No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If child is not yet named, make supplemental report, as directed.)

2. Full name of child Sarah Maria Howard  
 3. Sex of Child Female To be answered ONLY in event of plural births.  
 4. 4 5. No., in order of birth. 4 6. Legitimate? yes 7. Date of birth Sept. 23-1923  
 Month Sept day 23 year 1923

8. FATHER Full name <u>William Henry Howard</u>		14. MOTHER Full maiden name <u>Lela Jose Harrison</u>	
9. Residence (Usual place of abode) <u>Miami Ariz.</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>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Solomouville Ariz.</u> (State or country)	18. Birthplace (city or place) <u>Alma Ark.</u> (State or country)	19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (a) Born alive and now living 4  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 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 born at 6 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 evidences of life after birth.  
 Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Registrar. \_\_\_\_\_  
 Signature C. M. Crow M.D. (Physician or midwife)  
 Address Miami, Ariz.  
 Filed Sept 30, 1923 \_\_\_\_\_ Local Registrar.  
 Filed Oct 3, 1923 B. G. Jay County Registrar.

MARGIN RESERVE FOR BINDING  
 WRITE 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.

284-923-385