

MARGIN RESERVED 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.

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

State Index No. 162  
County Registrar No. 640  
Local Registrar No. \_\_\_\_\_

2. Full name of child Norman Gay McKellar  
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 4  
6. Legitimate? yes  
7. Date of birth Sept. 27-1923  
Month day year

FATHER  
8. Full name William Bruce McKellar  
9. Residence (Usual place of abode) Miami, Ariz.  
If nonresident, give place and state  
10. Color or race white  
11. Age at last birthday 42 (Years)  
12. Birthplace (city or place) Lehi, Utah  
(State or country)  
13. Occupation  
Nature of industry Smelterman

MOTHER  
14. Full maiden name Millicent Tenney  
15. Residence (Usual place of abode) Miami, Ariz.  
If nonresident, give place and state  
16. Color or race white  
17. Age at last birthday 32 (Years)  
18. Birthplace (city or place) Chihuahua, Mexico  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 3  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
21. Were precautions taken against yes  
themia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born at 7 P. m. on the date above stated.  
(Born alive or stillborn.)  
Signature C. M. Crow M.D.  
(Physician or midwife)  
Address Miami, Arizona  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed Oct 31, 1923  
Local Registrar. Filed 11-6, 1923  
County Registrar. B. J. Fox

549-927-438