

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 Mila  
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. 112  
County Registrar No. 649  
Local Registrar No. \_\_\_\_\_

2. Full name of child Carnest Leon Jerry Jr.  
(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 \_\_\_\_\_  
5. No. in order of birth 1  
6. Legitimate? yes  
7. Date of birth Oct. 1-1923  
Month day year

3. FATHER  
Full name Carnest Leon Jerry

14. MOTHER  
Full maiden name Allie May Barrett

9. Residence (Usual place of abode) Miami, Ariz.  
If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Arizona  
If nonresident, give place and state

10. Color or race White  
11. Age at last birthday 22 (Years)

16. Color or race White  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) (State or country) Texas

18. Birthplace (city or place) (State or country) Wagon, Oklahoma

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

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 1  
(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 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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Signature D. M. Cron M. D.  
Address Miami, Ariz.  
(Physician or midwife)

Filed Oct 31, 1923 P. E. Dricey  
Month, day, year. Local Registrar.  
Filed 11-6, 1923 P. E. Dricey  
County Registrar.

534-1001-123