974

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

State Index No. 129

County Registrar No. 664

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Miami

or

City of .....

No. Clayford St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Melvin Vernal Saunders (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 2

6. Legitimate? Yes

7. Date of birth Oct. 9 1923. (Month day year)

FATHER

8. Full name James Paul Saunders

9. Residence (Usual place of abode) Miami.

If nonresident, give place and state Ariz.

10. Color or race White

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Camp Verde

(State or country) Ariz.

13. Occupation

Nature of industry Carpenter

MOTHER

14. Full maiden name Myrtle Smith

15. Residence (Usual place of abode) Miami.

If nonresident, give place and state Ariz.

16. Color or race White

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Oregon Co.

(State or country) Missouri

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 .....

(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 stillborn at 7 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 evidence of life after birth.

Given name added from a supplemental report .....

Signature C. M. Cron M.D. (Physician or midwife)

Address Miami Ariz.

Month, day, year.

Filed Oct. 31 1923 O. E. Irvin Local Registrar.

Registrar.

Filed 11-6 1923 B. G. Jones County Registrar.

422-1009-428