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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. 145
County Registrar No. 677
Local Registrar No. _____

2. Full name of child Glen Lamar Brown } 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 4 6. Legitimate? yes 7. Date of birth Oct. 14-1923
Month day year

8. FATHER Full name <u>Donald Brown</u>		14. MOTHER Full maiden name <u>Cornelia Woods</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, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Nutrisso - Apache Co. Ariz.</u> (State or country)		18. Birthplace (city or place) <u>Thatcher Arizona</u> (State or country)	
13. Occupation Nature of industry <u>Struct steel worker</u>		19. Occupation Nature of industry <u>Housewife</u>	
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>4</u> (b) Born alive but now dead _____ (c) Stillborn _____		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 born at 7:30 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 _____
supplemental report _____
Month, day, year.

Signature C. M. Cron M. D. (Physician or midwife)
Address Miami, Ariz.
Filed Oct 31, 1923 C. E. Dyer Local Registrar.
Filed 11-6 1923 R. H. Day County Registrar.

Registrar. 725-1014-362