

10112

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161  
County Registrar No. 1058  
Local Registrar No. \_\_\_\_\_

1. County of Gila  
District of (Live Oak)  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

No. L-3 Live Oak  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Rufus Miller Overstreet  
(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 \_\_\_\_\_  
6. Legitimate? yes 7. Date of birth Oct. 20. 1923  
Month Day Year

8. FATHER  
Full name Rufus Miller Overstreet

14. MOTHER  
Full maiden name Sara Elizabeth Davis

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

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

10. Color or race White  
11. Age at last birthday 32 (Years)

16. Color or race White  
17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Oklahoma

13. Occupation Carpenter  
Nature of industry Copper mining

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

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 5  
(b) Born alive but now dead 0  
(c) Stillborn 0

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 alive at 9:55 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.

Signature [Signature]  
(Physician ~~midwife~~)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed Oct 31 1923 P. E. Ippin Local Registrar.  
Filed 11-6 1923 P. E. Ippin County Registrar.

963-1020-4112