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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186

County Registrar No. 729

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

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)

2. Full name of child Dorothy Vivian Smith } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female

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. 28-1923. (Month day year)

FATHER

8. Full name Mate Smith

9. Residence (Usual place of abode) Miami.

If nonresident, give place and state Ariz.

10. Color or race White

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Stevens Point

(State or country) Wisconsin

13. Occupation

Nature of industry Millman

MOTHER

14. Full maiden name Lucy Jane Martin

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) Three Lakes

(State or country) Wisconsin

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 4

(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 4:30 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 evidences of life after birth.

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

Address Miami - Arizona

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

Filed Nov 30, 1923 P. E. Irwin Local Registrar.

..... Registrar.

Filed 12/5, 1923 R. S. Jay County Registrar.

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.

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