1049

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)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147

County Registrar No. 763

Local Registrar No.

2. Full name of child Joseph Fielding Sima (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 b

6. Legitimate? yes

7. Date of birth Nov. 11 1923. (Month day year)

8. FATHER	14. MOTHER
Full name: Albert John Sima	Full maiden name: Ella LaVer Holliday
9. Residence (Usual place of abode): Miami. If nonresident, give place and state: Ariz.	15. Residence (Usual place of abode): Miami. If nonresident, give place and state: Ariz.
10. Color or race: White	16. Color or race: White
11. Age at last birthday 33 (Years)	17. Age at last birthday 32 (Years)
12. Birthplace (city or place): Pima (State or country): Arizona.	18. Birthplace (city or place): Central, (State or country): Arizona.
13. Occupation / Nature of industry: Carpenter.	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 (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 (Born alive or stillborn.) at 8:50 A.m. on the date above stated.

*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. Crow M.D. (Physician or midwife)

Address Miami, Ariz.

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

Registrar.

Filed Nov 30, 1923 C. E. Brown Local Registrar.

Filed 12/31, 1923 County Registrar.

122-1111-588