

1877

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cuba
District of Miami
Town of Miami
City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177
County Registrar No. 787
Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

2. Full name of child Blystone
Sex of child Female To be answered ONLY in event of plural births. 4. Twin, triple or other. X 5. No., in order of birth. 1 6. Legitimate? Yes 7. Date of birth Nov 20 1923
Month day year

FATHER
8. Full name John A Blystone
9. Residence (Usual place of abode) Miami, Fla
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 47 (Years)
12. Birthplace (city or place) Ohio
(State or country)
13. Occupation Laborer
Nature of industry

MOTHER
14. Full name Daisy A Alexander
15. Residence (Usual place of abode) Miami, Fla
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Mansfield Ohio
(State or country)
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 4 (b) Born alive but now dead 2 (c) Stillborn 3
21. Were precautions taken against Yes thalimia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Nov 20 1923 at 6 P.M. on the date above stated.
(Born alive or stillborn.)

Signature Nelson D. Hampton (Physician or midwife)
Address Miami, Fla
Filed Nov 30, 1923 Local Registrar.
Filed 12/31, 1923 County Registrar.

025-1120-419