146

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

State Index No. 104
County Registrar No. 823
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 Georgia Jean Bentley } 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. Triplet or other ..... 5. No., in order of birth 1
6. Legitimate? yes
7. Date of birth Dec. 1 - 1923. (Month, day, year)

FATHER

8. Full name Charles Rose Bentley
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
10. Color or race White
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Emma
(State or country) Texas
13. Occupation
Nature of industry Machinist

MOTHER

14. Full maiden name Mildred Ann Nash
15. Residence (Usual place of abode) Miami.
If nonresident, give place and state Ariz.
16. Color or race White
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Safford.
(State or country) Arizona
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 1
(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 10 P. 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. Cron M.D. (Physician or midwife)
Address Miami Arizona

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

Filed Dec 31, 1923 C.E. Dunn Local Registrar.
Filed 1-5 1924 B.G. Y County Registrar.

728-1201-458