

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

1. County of Gila District of _____ Town of Miami or City of _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____ State Index No. 141 County Registrar No. 556 Local Registrar No. _____

2. Full name of child Opal Katherine Foy (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. 1st 6. Legitimate? yes 7. Date of birth Dec. 16-1923 Month day year

8. FATHER Full name <u>James Jeff Foy</u>	14. MOTHER Full maiden name <u>Sadie Gilmore</u>
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state
10. Color or race <u>white</u>	16. Color or race <u>white</u>
11. Age at last birthday <u>30</u> (Years)	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Prescott Ark.</u> (State or country)	18. Birthplace (city or place) <u>Estacion New Mex.</u> (State or country)
13. Occupation Nature of industry <u>Miner</u>	19. Occupation Nature of industry <u>Housewife</u>

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 11 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.

Given name added from a supplemental report _____ Signature C. M. Crow M.D. (Physician or midwife) Address Miami - Ariz. Filed Dec 31 1923 P. E. Jones Local Registrar. Month, day, year. Filed 1-5 1924 B. G. Foy County Registrar.

667-1216-275