[redacted]

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. 37
County Registrar No. 13
Local Registrar No.

PLACE OF BIRTH

1. County of Cochise
District of
Town of Bisbee
or
City of ..... No. Copper Queen Hospital St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jewell Abshier } 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.....
6. Legitimate? Yes
7. Date of birth Jan. 12 1924 (Month day year)

8. FATHER
Full name Ellison Lewis Abshier

9. Residence (Usual place of abode) Bisbee
If nonresident, give place and state

10. Color or race: White
11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Liberty
(State or country) Texas

13. Occupation: Locomotive Fireman
Nature of industry

14. MOTHER
Full maiden name Alma Hitha Conley

15. Residence (Usual place of abode) Bisbee
If nonresident, give place and state

16. Color or race: White
17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Seguin
(State or country) Texas

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 3
(b) Born alive but now dead 2
(c) Stillborn 1

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 alive (Born alive or stillborn.) at 4:50 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 S Heard (Physician or midwife)
Address Bisbee Ariz

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

Filed 1/30, 1924 C. F. Hawley M.D. Local Registrar.

Registrar.

Filed Feb 11, 1924 R B Wheeler County Registrar.

119 - 112 - 138

Hunt