MARGIN RESERVED

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.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 103

County Registrar No. 17

Local Registrar No.

No. Warrior Siding St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Robert Hall } 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 | 6. Legitimate? Yes | 7. Date of birth January 1. 1924 (Month day year)

8. FATHER

Full name William Thomas Hall

9. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 38 (Years)

12. Birthplace (city or place)

(State or country) Texas

13. Occupation Repair work laborer

Nature of industry Copper mining

14. MOTHER

Full maiden name Rosetta Rose Hagan

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Bolnville

(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 7
(b) Born alive but now dead 0
(c) Stillborn 0

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 6:15 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 N. J. Miller (Physician or midwife)

Address Miami, Arizona

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

Registrar.

Filed Jan 31, 1924 C. L. Irwin Local Registrar.

Filed 2/5 1924 B. G. Fia County Registrar.

383 - 101 - 985