

MARGIN RESERVE
 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		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>116</u>	
or _____		County Registrar No. <u>30</u>	
City of _____		Local Registrar No. _____	
No. <u>3 Stephens Terrace</u>		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Levi Wilson Pace</u>			
If child is not yet named, make supplemental report, as directed.			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. No., in order of birth
<u>male</u>			
		6. Legitimate?	7. Date of birth
		<u>yes</u>	<u>January 6, 1924</u>
8. <u>Levi Wilson Pace</u> FATHER		14. <u>Dentella Nelson</u> MOTHER	
Full name		Full maiden name	
9. Residence <u>Miami Arizona</u>		15. Residence <u>Miami, Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>21</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Thatcher</u>		18. Birthplace (city or place) <u>Tombstone</u>	
(State or country) <u>Arizona</u>		(State or country) <u>Arizona</u>	
13. Occupation <u>Machine Repairman</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>Copper mining</u>		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>1</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:10A</u> m. on the date above stated.			
(Born alive or stillborn.)			
*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 <u>J. W. Miller</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Miami, Arizona</u>	
Registrar. _____		Filed <u>Jan 31, 1924</u>	
		Filed <u>2/5, 1924</u>	
		County Registrar. <u>B. S. Fox</u>	
		County Registrar.	

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