[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148
County Registrar No. 60
Local Registrar No. 1

PLACE OF BIRTH

1. County of Gila
District of Precinct
Town of Winkelman, Ariz.
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 Robert Allen Stewart } 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 15th 1924
Month day year

FATHER

8. Full name J. A. Stewart

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

10. Color or race White, U.S.A.

11. Age at last birthday 28 (Years)

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

13. Occupation Rancher
Nature of industry

MOTHER

14. Full maiden name Edna Pitts

15. Residence (Usual place of abode) Wills Point.
If nonresident, give place and state Texas.

16. Color or race White, U.S.A.

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Wills Point.
(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 7
(b) Born alive but now dead 1
(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 Born alive at 7 P.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 O. M. Butler, M.D.
(Physician or midwife)
Address Winkelman, Arizona

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

Registrar.

Filed January 31, 1924 — Local Registrar.
Filed 2/10 1924 — County Registrar.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

923 – 115 – 572