

1156

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112
County Registrar No. 120
Local Registrar No. _____

2. Full name of child William Harold Thompson
No. M. + J. Hosp. (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
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 1 } 6. Legitimate? yes } 7. Date of birth Feb 7 - 1924
Month Day Year

8. FATHER
Full name William Kirk Thompson

14. MOTHER
Full maiden name Laura Elvior McPhail

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

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If nonresident, give place and state

10. Color or race White 11. Age at last birthday 33 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Toronto, Ont. Canada
(State or country)

18. Birthplace (city or place) Thurso, Quebec Canada
(State or country)

13. Occupation
Nature of industry M.C.C. Engineer

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 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 at 10 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 evidence of life after birth.

Signature C. M. Crow M.D.
(Physician or midwife)
Address Miami, Arizona

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

Filed Feb 29 1924 P. E. Dwin
Local Registrar.

Filed 3-5 1924 B. G. J. a
County Registrar.

635-207-343