2068

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144
County Registrar No. 216
Local Registrar No. .....

PLACE OF BIRTH

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

2. Full name of child Wesley Milburn Sears } 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 Mch 11-1924 (Month day year)

8. FATHER
Full name James Wesley Sears
9. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Tempe
(State or country) Arizona
13. Occupation Motorman
Nature of industry Copper Mine

14. MOTHER
Full maiden name Ivy Pearl Andrews
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Louisiana
16. Color or race White
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Michigan
(State or country)
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 2
(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 Born alive at 7:45 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 Chas. E. Irvin M.D.
(Physician or midwife)
Address Miami Ariz.

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

Filed Mch 31, 1924 C. E. Irvin
Local Registrar.

Registrar.

Filed 4-5, 1924 R. G. Sloan
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 INFADING INK—THIS IS A PERMANENT RECORD

"WHEN FILLED, REMOVE FOR BINDING"

622-311-912