2064

MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145

County Registrar No. 217

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 of institution, give its NAME instead of street and number)

2. Full name of child Pearl Maxine Sears. } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ..... | 5. No., in order of birth 2 | 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

If nonresident, give place and state Arizona

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 Arizona

16. Color or race White | 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Michigan

(State or country)

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 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 8 05 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 Charles E. Irvin M.D. (Physician or midwife)

Address Miami Arizona

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

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

Filed 4-5, 1924 B. G. Lux County Registrar.

Registrar.

722-311-912