

2111

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

PLACE OF BIRTH  
1. County Yuma  
District of Yuma  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurs in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emily Al Rose  
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 \_\_\_\_\_  
6. Legitimate? Yes  
7. Date of birth March 17-1924  
Month day year

<p>8. FATHER Full name <u>Sam Olney Rose</u> 9. Residence (Usual place of abode) <u>Miami Arizona</u> If nonresident, give place and state _____ 10. Color or race <u>White</u> 11. Age at last birthday <u>33</u> (Years)</p>	<p>14. MOTHER Full maiden name <u>Agnes May Robinson</u> 15. Residence (Usual place of abode) <u>Miami Arizona</u> If nonresident, give place and state _____ 16. Color or race <u>White</u> 17. Age at last birthday <u>25</u> (Years)</p>
<p>12. Birthplace (city or place) <u>Texas</u> (State or country)</p> <p>13. Occupation <u>Laborer</u> Nature of industry <u>Road Dept.</u></p>	<p>18. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Arizona</u></p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>

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 3  
(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 11-1 m. on the date above stated.  
(Born alive or stillborn)

Signature Charles E. Dwin M.D.  
Address Miami Arizona  
(Physician or midwife)

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

Filed March 31, 1924 P.E. Dwin  
Local Registrar.  
Filed 4-6, 1924 B.Y. Gray  
County Registrar.

Registrar.

595-317-195