

21112

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170
County Registrar No. 237
Local Registrar No. _____

2. Full name of child Virginia Lois McKelvey (If birth occurred in a hospital or institution, give its NAME instead of street and number) Miami - Inspiration Hospital St. _____ Ward _____

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 23, 1924 Month Day Year

8. FATHER
Full name Lam McKelvey
9. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state _____

14. MOTHER
Full maiden name Ethel Annie Hartley
15. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state _____

10. Color or race White 11. Age at last birthday 22 (Years)

16. Color or race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Duncan
(State or country) Arizona

18. Birthplace (city or place) Hale Center
(State or country) Texas

13. Occupation miner
Nature of industry Copper

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 1 (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 alive at 7:40 P. 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 J. P. Miller (Physician or midwife) Address Miami, Arizona

Given name added from a supplemental report _____ Month, day, year. Filed Mar 31, 1924 P. E. Davis Local Registrar. Filed 4-5, 1924 B. G. Gray County Registrar.

549-373-597