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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 *Gila*

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

State Index No. *110*  
County Registrar No. *274*  
Local Registrar No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child *Chebb* { 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 \_\_\_\_\_ 6. Legitimate? *yes*  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth *April 2, 1924*  
Month Day Year

8. FATHER  
Full name *Dale Delmar Chebb*

14. MOTHER  
Full maiden name *Priscilla Taylor Parter*

9. Residence (Usual place of abode) *Claypool, Arizona*  
If nonresident, give place and state

15. Residence (Usual place of abode) *Claypool, Arizona*  
If nonresident, give place and state

10. Color or race *White* 11. Age at last birthday *20* (Years)

16. Color or race *White* 17. Age at last birthday *18* (Years)

12. Birthplace (city or place) *Pima, Arizona*  
(State or country)

18. Birthplace (city or place) *Bryce, Arizona*  
(State or country)

13. Occupation *Clerk, grocer*  
Nature of industry

19. Occupation *Housewife*  
Nature of industry

20. Number of children of this mother (a) Born alive and now living *1*  
(Taken as of time of birth of child herein certified and including this child.) (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* (Born alive or stillborn.) at *9:37 a.m.* on the date above stated.

\*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. J. Muller*  
(Physician or midwife)  
Address *Miami, Arizona*

Given name added from a supplemental report *062-402-779* Filed *Apr 30*, 19*24* P. E. Drown  
Month, day, year. Local Registrar.  
Filed *5-8*, 19*24* B. W. G. Co. County Registrar.

\* Baby died in 8 hours from prematurity; no first name assigned