PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141

County Registrar No. 294

Local Registrar No.

Miami Inspiration Hospital No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Jane Conniff

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

6. Legitimate? yes

7. Date of birth April 13. 1924 (Month Day Year)

FATHER

Full name John Garfield Conniff

Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

8. Color or race White

9. Birthplace (city or place) Montgomery

(State or country) Alabama

10. Occupation Mining engineer

Nature of industry Copper

11. Age at last birthday 27 (Years)

MOTHER

14. Full maiden name Grace Irene Higgins

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Leadville

(State or country) Colorado

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 alive (Born alive or stillborn.) at 3:30 p.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 F. T. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from supplemental report

Month, day, year.

Filed April 30, 1924 P. E. Irwin Local Registrar.

Registrar.

Filed 5-5 1924 B. G. Day County Registrar.

236-413-782

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.