PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of
Town of Claypool
or
City of No. Oak St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 152
County Registrar No. 304
Local Registrar No.

2. Full name of child John Ladd Smithson { 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 | 5. No., in order of birth | 6. Legitimate? Yes | 7. Date of birth April 17. 1924 (Month day year)

8. FATHER
Full name John Henry Smithson

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

10. Color or race White | 11. Age at last birthday 29 (Years)

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

13. Occupation Yard man
Nature of industry Retail lumber

14. MOTHER
Full maiden name Mildred ~~Lines~~ Lines

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

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

18. Birthplace (city or place) Pima
(State or country) Arizona

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 10:40 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 F. F. Miller (Physician ~~or midwife~~)
Address Miami, Arizona

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

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

Filed 5-5, 1924 B. G. Fox County Registrar.

Registrar.

125-407-432

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 in order of birth stated.