

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 DeLa
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
County Registrar No. 306
Local Registrar No. _____

2. Full name of child Mary Elizabeth Merborn
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 17-1924
Month day year

8. FATHER
Full name Ossey Sale Merborn

14. MOTHER
Full maiden name Mary Lou Willis

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

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If nonresident, give place and state

10. Color or race white 11. Age at last birthday 41 (Years)

16. Color or race white 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) (State or country) Tenn

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

13. Occupation Home Missionary
Nature of industry

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 Born alive at 30 m. on the date above stated.
(Born alive or stillborn.)

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

Filed April 30 1924 P. S. Dwin
Month, day, year. Local Registrar.
Filed 5-5 1924 B. S. Dwin
County Registrar.

125-407-432