231

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

State Index No. 157

County Registrar No. 308

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Miami

or

City of ..... No. ..... St. ..... Ward

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

2. Full name of child James Windell Clement } 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 18-1924 (Month day year)

FATHER	MOTHER
8. Full name Charles Alma Clement	14. Full maiden name Bertha Lucille Byrd
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If nonresident, give place and state Arizona	If nonresident, give place and state Arizona
10. Color or race White — 11. Age at last birthday 25 (Years)	16. Color or race White — 17. Age at last birthday 21 (Years)
12. Birthplace (city or place) ..... (State or country) Arkansas	18. Birthplace (city or place) ..... (State or country) New Mexico
13. Occupation Cage Man — Nature of industry Copper Mine	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 4 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 Charles E. Irwin M.D. (Physician or midwife)

Address Miami Arizona

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

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

Filed 5-5, 1926 B. G. Tax County Registrar.

Registrar.

133-418-224