

2111

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 Gila

1. County of _____
 District of _____
 Town of Miami
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168
 County Registrar No. 363
 Local Registrar No. _____

No. Miami Inspiration Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Wayne Rush { 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 21, 1924
 Month Day Year

8. FATHER Full name <u>Darrel Wayne Rush</u>		14. MOTHER Full maiden name <u>Elizabeth Agnes Sullivan</u>	
9. Residence (Usual place of abode) <u>Superior, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Superior, Arizona</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Esperanza</u> (State or country) <u>South Dakota</u>		18. Birthplace (city or place) <u>Springfield</u> (State or country) <u>Massachusetts</u>	
13. Occupation <u>Electric Crane-man</u> Nature of industry <u>Copper mining & smelting</u>		19. Occupation <u>Housewife</u> 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 _____ (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:56 a. 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 evidence of life after birth.

Signature J. J. Quinn
 Address Miami, Arizona
 (Physician or midwife)

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

Filed May 31 1924 C. E. Dwin Local Registrar.
 Filed 6-6 1924 P. W. Day County Registrar.

398-421-525