

1151

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. 112
County Registrar No. 376
Local Registrar No. _____

2. Full name of child Tevian Lelan Neill
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. Miami Inpatient Hospital St. _____ Ward _____
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 May 4, 1924
Month Day Year

8. FATHER
Full name Alison Neill

14. MOTHER
Full maiden name Pearl Traynor

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

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

16. Color or race White
11. Age at last birthday 39 (Years)

16. Color or race White
17. Age at last birthday 36 (Years)

12. Birthplace (city or place) _____
(State or country) Tennessee

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

13. Occupation Carpenter
Nature of industry General house

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 (Born alive or stillborn.) at 6:25 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 [Signature]
(Physician or midwife)
Address Miami, Arizona

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

Filed May 31, 19 24 C. E. Train Local Registrar.
Filed 6-6, 19 24 A. S. Joy County Registrar.

MANUSCRIPT RESERVED FOR BINDING
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.

553-504-739