

SERVED 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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>157</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>418</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. <u>Miami Inspiration Hospital</u> St. _____ Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Francis Ellene Thomas</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
7. Date of birth <u>May 24, 1924</u>		Month Day Year	
8. FATHER Full name <u>John Dudley Thomas</u>		14. MOTHER Full maiden name <u>Beare Rees</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) _____ (State or country) <u>Texas</u>		18. Birthplace (city or place) _____ (State or country) <u>Texas</u>	
13. Occupation <u>Stationary fireman</u> Nature of industry <u>Copper mining</u>		19. Occupation _____ Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4:17 A.</u> 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 <u>J. J. Finney</u> (Physician or midwife)	
Address <u>Miami, Ariz.</u>			
Given name added from _____ a supplemental report _____ Month, day, year. _____		Filed <u>May 31, 1924</u> <u>C. E. Davis</u> Local Registrar.	
Registrar. _____		Filed <u>6-6, 1924</u> <u>A. S. Jones</u> County Registrar.	

632-524-792