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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 Gila
District of _____
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151
County Registrar No. 591
Local Registrar No. _____

No. M. + J. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Dorothy Jeanne Hollingshead 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 1 6. Legitimate? yes 7. Date of birth July 21-1924
Month day year

3. FATHER
Full name Clem F. Hollingshead
9. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

14. MOTHER
Full maiden name Stella M. Edwards
15. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

10. Color or race Cauc. 11. Age at last birthday 33 (Years)

16. Color or race Cauc. 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Minersville Utah
(State or country)

18. Birthplace (city or place) Beaver Utah
(State or country)

13. Occupation
Nature of industry Mining

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 (Born alive or stillborn.) at 3 A. 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 evidences of life after birth.
Signature Byril M. Brown M.D. (Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report _____
Month, day, year. Filed Aug 31 1924 C. J. Jones Local Registrar.
Filed 9-5 1924 B. J. Fox County Registrar.

Registrar.

County Registrar.

484-721-252