

1121

MARGIN RESERVED FOR INDEXING
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

PLACE OF BIRTH
1. County of Maricopa
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)

State Index No. 117
County Registrar No. 610
Local Registrar No. _____

2. Full name of child Baby Armitage (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 2 6. Legitimate? yes 7. Date of birth Aug. 5 - 1924
Month day year

8. FATHER Full name <u>Bert Armitage</u>		14. MOTHER Full maiden name <u>Pearl Mc Nutt</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>Ariz.</u>		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Elston</u> (State or country) <u>Iowa</u>		18. Birthplace (city or place) <u>Oklahoma City</u> (State or country) <u>Oklahoma</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (a) Born alive and now living _____ (b) Born alive but now dead _____ (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 stillborn at 1:30 p.m. on the date above stated.
(Born-alive or stillborn.)

Signature Eyril M. Crow M.D.
Address Miami, Ariz.
(Physician or midwife)

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

Filed Aug 31 1924 _____
Filed 9-3 1924 _____
Local Registrar. _____
County Registrar. _____

015-805-743