

1128

BEGIN RESERVED FOR BIRTHING  
 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

1. County of Mila District of \_\_\_\_\_  
 Town of Miami or \_\_\_\_\_  
 City of \_\_\_\_\_ No. M. + J. Hosp. (If birth occurred in a hospital or institution, give its NAME instead of street and number) State Index No. 118  
 County Registrar No. 618 Local Registrar No. \_\_\_\_\_

2. Full name of child Mary Margaret Hanratty (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. Twins, triplet or other \_\_\_\_\_ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Aug. 6 - 1924 Month day year

8. FATHER Full name <u>John Bryan Hanratty</u>	14. MOTHER Full maiden name <u>Dollie May</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>Cauc.</u>	16. Color or race <u>Cauc.</u>
11. Age at last birthday <u>25</u> (Years)	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Colgate Okla.</u> (State or country)	18. Birthplace (city or place) <u>Adkins Ark</u> (State or country)
13. Occupation Nature of industry <u>Miner</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.)  
 (a) Born alive and now living 2  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

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 4 1/2 p.m. on the date above stated.

Signature Cyril M. Brown M.D. (Physician or midwife)  
 Address Miami Ariz  
 Filed Aug 31, 1924 C. E. Damm Local Registrar.  
 Filed 9-5, 1924 B. J. J. O. County Registrar.

Registrar. \_\_\_\_\_

488-806-448