

SUPPLEMENT ATTACHED
ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH Gila

1. County of Gila
 District of Lower Miami
 Town of Miami
 or
 City of _____ No. 12 Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 155
 County Registrar No. 655
 Local Registrar No. _____

2. Full name of child Mc Neil) 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 August 19, 1924 Month day year

8. FATHER		14. MOTHER	
Full name <u>James Mc Neil</u>		Full maiden name <u>Dorothy Nell Welch</u>	
9. Residence (Usual place of abode) <u>Huntington Beach California</u>		15. Residence (Usual place of abode) <u>Huntington Beach California</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>White</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) (State or country) <u>Ohio</u>		18. Birthplace (city or place) (State or country) <u>Mesa Arizona</u>	
13. Occupation <u>oil driller</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		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 at 7:10 P.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 evidences of life after birth.

Signature J. J. Miller (Physician or midwife)
 Address Miami, Arizona
 Given name added from _____
 a supplemental report _____
 Month, day, year _____

Filed Aug 31, 1924 C. E. Davis Local Registrar.
 Filed 9-5 1924 B. G. Gial County Registrar.

Registrar. _____

443-819-468