

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or Miami-Inspiration Hospital
 City of _____ No. _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117
 County Registrar No. 788
 Local Registrar No. _____
 St. _____ Ward _____

2. Full name of child Alice Dorothy Paxton
 (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 Oct 5, 1924
 Month day year

8. FATHER
 Full name Redward Preston Paxton

14. MOTHER
 Full maiden name Anna Watson

9. Residence (Usual place of abode) (Midland City) Miami, Arizona
 If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Arizona (Midland City)
 If nonresident, give place and state

10. Color or race white

11. Age at last birthday 44 (Years)

16. Color or race white

17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Virginia
 (State or country)

18. Birthplace (city or place) Stockholm
 (State or country) Sweden

13. Occupation Pumpman
 Nature of industry Copper mining

19. Occupation Housewife
 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 2
 (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 6:40 A.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. Franklin
 (Physician or midwife)
 Address Miami, Arizona

Given name added from _____
 a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed Oct 31 1924 C. G. Davis Local Registrar.
 Filed 11-5 1924 B. G. Dix County Registrar.

175-1005-145

PERMANENT REPORT - 3
 TO BE MADE FOR EACH CHILD AND THE NUMBER OF CHILDREN BORN IN THE YEAR STATED.
 WRITE BY Y WITH UNFADING INK - 715
 IN CASE OF MORE THAN ONE CHILD, A SEPARATE REPORT SHOULD BE MADE FOR EACH CHILD.
 N. B. - In case of more than one child, a SEPARATE REPORT SHOULD BE MADE FOR EACH CHILD.