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WRITE PLAINLY WITH UNFADING INK. 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

State Index No. 148

County Registrar No. 933

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of No. M. & I. Hosp. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Lee Forbes — 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 1

6. Legitimate? yes

7. Date of birth Oct. 21 1924. (Month day year)

8. FATHER

Full name Byron Jame Forbes

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race Cauc

11. Age at last birthday 45 (Years)

12. Birthplace (city or place)

(State or country) Georgia

13. Occupation

Nature of industry Repair Foreman

14. MOTHER

Full maiden name Eileene Hill

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race Cauc.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Mullan

(State or country) Idaho

19. Occupation

Nature of industry Housewife

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

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*30

I hereby certify that I attended the birth of this child, who was born at 10 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 Cyril M. Crow M.D. (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed Dec 31, 1924 C. E. Irwin Local Registrar.

Registrar.

Filed 1-5 1925 B. G. Gray County Registrar.

962-1021-583