

1136

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169

County Registrar No. 587

Local Registrar No. _____

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

2. Full name of child Georgia Eunice Barber 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 4 6. Legitimate? yes 7. Date of birth Nov-12-1924 Month day year

8. FATHER Full name Albert Leslie Barber

14. MOTHER Full maiden name Mary Ellen Phillips

9. Residence (Usual place of abode) San Sabie Co., Texas If nonresident, give place and state

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10. Color or race Cauc. 11. Age at last birthday 33 (Years)

16. Color or race Cauc 17. Age at last birthday 26 (Years)

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

18. Birthplace (city or place) (State or country) Pleever Co., Texas

13. Occupation Nature of industry Farmer

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 4 (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 2 A.M. on the date above stated.

Signature Cyril M. Brown M.D. (Physician or midwife)
Address Miami, Arizona
Filed Nov 30, 1924 Local Registrar.
Filed DEC 5, 1924 B. J. Gila County Registrar.

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

Registrar.

729-1112-472

WRITING 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.