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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.
 *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

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

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

2. Full name of child Dorothy Jay Hill } 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 2 6. Legitimate? yes 7. Date of birth Nov-14-1924
Month day year

8. FATHER Full name <u>Laurence Hill</u>		14. MOTHER Full maiden name <u>Blanche Britton</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>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Mesa Arizona</u> (State or country)		18. Birthplace (city or place) <u>Langston Texas</u> (State or country)	
13. Occupation Nature of industry <u>Mechanic</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 phthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 8 P.M. on the date above stated.
(Born alive or stillborn.)

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

483-1114-225