

WHILE FILING 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.

PLACE OF BIRTH <i>Gila</i>		ARIZONA STATE BOARD OF HEALTH	
1. County of _____		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <i>Miami</i>		State Index No. <i>169</i>	County Registrar No. <i>896</i>
or		Local Registrar No. _____	
City of _____		No. <i>Miami Inspiration Hospital</i> St _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <i>Alice Jane Adams</i>			
(If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate?
<i>female</i>			<i>yes</i>
5. No., in order of birth. <i>1st</i>		7. Date of birth <i>Nov. 15, 1924</i>	
		Month day year	
FATHER		MOTHER	
8. Full name <i>Joseph Adams</i>		14. Full maiden name <i>Julia Evelina Batchelar</i>	
9. Residence (Usual place of abode) <i>(Lower) Miami</i>		15. Residence (Usual place of abode) <i>(Lower) Miami</i>	
If nonresident, give place and state <i>Arizona</i>		If nonresident, give place and state <i>Arizona</i>	
10. Color or race <i>White</i>	11. Age at last birthday <i>32</i> (Years)	16. Color or race <i>White</i>	17. Age at last birthday <i>36</i> (Years)
12. Birthplace (city or place) <i>Glasgow</i>		18. Birthplace (city or place) _____	
(State or country) <i>Scotland</i>		(State or country) <i>Colorado</i>	
13. Occupation <i>Lampyer</i>		19. Occupation _____	
Nature of industry <i>Copper ore mill</i>		Nature of industry <i>Housewife</i>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<i>yes</i>	
(a) Born alive and now living <i>1</i>			
(b) Born alive but now dead <i>0</i>			
(c) Stillborn <i>0</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>5:14 A</i> 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 <i>J. J. Miller</i>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <i>Miami, Arizona</i>	
Registrar. _____		Filed <i>Nov 30</i> 19 <i>24</i>	
		Local Registrar. <i>K. E. Drew</i>	
		County Registrar. <i>B. G. Fox</i>	

112-1115-129