

1158

WRITES 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.

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

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. Miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 180  
County Registrar No. 905  
Local Registrar No. \_\_\_\_\_

2. Full name of child Donald Roberts } 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. Legitimate? yes } 7. Date of birth November 19, 1924  
Month day year

8. FATHER Full name Kidney Roberts 14. MOTHER Full maiden name Mavis Eleanor Drannell

9. Residence (Usual place of abode) Claypool, Arizona 15. Residence (Usual place of abode) Claypool, Arizona  
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 22 (Years) 16. Color or race White 17. Age at last birthday 16 (Years)

12. Birthplace (city or place) (State or country) England 18. Birthplace (city or place) (State or country) England

13. Occupation Repairman helper Nature of industry Copper ore mill 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 1 (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 1:25 P. 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. J. Miller (Physician or midwife)  
Address Miami, Arizona  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_ Month, day, year.

Filed Nov 30 1924 L. E. Owen Local Registrar.  
Filed DEC 5 1924 BY J. H. JAY County Registrar.

Registrar.

492-1119-443