

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 190
County Registrar No. 944 946
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of Fourth Miami
Town of _____
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 Isaac Farrell Robinson (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 _____ 6. Legitimate? Yes 7. Date of birth Nov 24-1924
Month Day Year

8. FATHER
Full name Isaac Hugh Robinson

14. MOTHER
Full maiden name Olus Palmer

9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 21 (Years)

16. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Thatcher Arizona
(State or country)

18. Birthplace (city or place) Eden Arizona
(State or country)

13. Occupation Mine Copper
Nature of industry

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 Born alive 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 evidence of life after birth.
Signature Richard E. Dine M.D.
Address Miami Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Filed Dec 31 1924 C. E. Dine Local Registrar.
Filed 1-5 1925 B. G. J. J. County Registrar.

WRITE 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.

995-1124-679