

21115

PLACE OF BIRTH

1. County of Pima

ARIZONA STATE BOARD OF HEALTH

District of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 131

Town of Miami

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 487

or

Local Registrar No. 1

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Hen Francis Keller (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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 Dec 2-24 Month Day Year

8. FATHER Full name George Ellis

14. MOTHER Full maiden name Ruth Farmer

9. Residence (Usual place of abode) Miami If nonresident, give place and state

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10. Color or race White 11. Age at last birthday 73 (Years)

16. Color or race White 17. Age at last birthday 20 (Years)

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

18. Birthplace (city or place) Greenville (State or country) SC

13. Occupation Nature of industry Rancher

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 2 (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 alive at 7:11 a.m. on the date above stated. (Born alive or stillborn.)

Signature C. F. Perkins (Physician or midwife) Address Miami

Given name added from a supplemental report Month, day, year. Feb 1, 1925 Local Registrar W. E. Wylton County Registrar

in order of birth stated.

852-1002-969