

Damaged Document(s)

PLACE OF BIRTH		ARIZONA STATE BOARD OF	
1. County of <u>Cocon</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>183</u>	
or		County Registrar No. <u>999</u>	
City of <u>Miami</u>		Local Registrar No. _____	
		No. <u>3010 Latham Ave</u> St. _____ Ward _____	
2. Full name of child <u>Billie Irene Allen</u>		(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	5. No., in order of birth
<u>Female</u>			<u>Yes</u>
		6. Legitimate?	7. Date of birth <u>Dec 18 1924</u>
			Month Day Year
8. FATHER		14. MOTHER	
Full name <u>Nilery Allen</u>		Full maiden name <u>Essie Richard</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u>		15. Residence (Usual place of abode) <u>Miami Ariz</u>	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race <u>White</u>	11. Age at last birthday <u>20</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>De Queen Ark</u>		18. Birthplace (city or place) <u>Houma Okla</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Clerk</u>		Nature of industry <u>House wife</u>	
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.)			
(a) Born alive and now living <u>None</u>		<u>Yes</u>	
(b) Born alive but now dead <u>None</u>			
(c) Stillborn <u>None</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at <u>3 40</u> 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 evidence of life after birth.		Signature <u>[Signature]</u>	
		Address <u>Miami Ariz</u>	
Given name added from a supplemental report _____		Filed <u>Dec 31 1924</u>	
Month, day, year		Local Registrar <u>[Signature]</u>	
Registrar _____		Filed <u>1-5 1925</u>	
		County Registrar <u>[Signature]</u>	

215-1218-598