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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 203
County Registrar No. 107
Local Registrar No. _____

County of Maricopa
District of _____
Town of Miami
or _____
City of _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Betty June Blake (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. 1st 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth Dec. 25-1924 Month Dec day 25 year 1924

8. FATHER Full name William David Blake

14. MOTHER Full maiden name Edna Juanita Walters

9. Residence (Usual place of abode) Wied June 22, 1924
If nonresident, give place and state _____

15. Residence (Usual place of abode) Inspiration Ariz.
If nonresident, give place and state _____

10. Color or race Cauc.

16. Color or race Cauc

11. Age at last birthday 24 (Years)

17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Mission Texas
(State or country)

18. Birthplace (city or place) Hennessey Okla.
(State or country)

13. Occupation Nature of industry Miner

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 1 (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 at 12 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 Cyril M. Brown, M.D. (Physician or midwife) Address Miami, Arizona

Given name added from a supplemental report _____ Month, day, year. Filed Dec 31 19 24 Local Registrar. Filed 1-5 19 25 County Registrar.

225-1225-562

In order of birth stated.