

21172

N. B. - IN CASE OF CHANGE OF NAME, THIS CERTIFICATE MUST BE RECORDED IN ORDER OF BIRTH STATE.

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

PLACE OF BIRTH
1. County of Hila
District of _____
Town of Miami
or _____
City of _____

No. M. + J. Hospital
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 207
County Registrar No. 1018 1920
Local Registrar No. _____
St. _____ Ward _____

2. Full name of child Robert Frederick Pack
(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 2

6. Legitimate? yes
7. Date of birth Dec. 26, 1924.
Month day year

8. FATHER		14. MOTHER	
Full name <u>Homer Bradford Pack</u>		Full maiden name <u>Grace Bruce Roehrig</u>	
9. Residence (Usual place of abode) <u>Inspiration Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Inspiration Arizona</u> If nonresident, give place and state	
16. Color or race <u>Cauc.</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) <u>Birmingham Ala.</u> (State or country)		18. Birthplace (city or place) <u>Philadelphia Pa.</u> (State or country)	
13. Occupation Nature of industry <u>Pipe fitter foreman</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 9 P. m. on the date above stated.

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, 1924 B. S. J. J. Local Registrar.
Filed 1-5, 1925 B. S. J. J. County Registrar.

972-1006-797