

## PLACE OF BIRTH

1. County of Tela  
 District of Rice  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
 County Registrar No. 11  
 Local Registrar No. 6

2. Full name of child McKay Miller (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 twins 6. Legitimate? yes  
 5. No., in order of birth 1st 7. Date of birth 1 5 25  
 Month Day Year

8. FATHER  
 Full name Harry Miller

14. MOTHER  
 Full maiden name Cora C. Wilson

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

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

10. Color or race 1/4 Indian 11. Age at last birthday 36 (Years)

16. Color or race 1/4 Indian 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Carlos  
 (State or country) Ariz

18. Birthplace (city or place) Rice  
 (State or country) Ariz

13. Occupation Cornman Laborer  
 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 2  
 (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 at 8 A.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 C. L. Woods M.D.  
 (Physician or midwife)

Address Rice, Ariz

Given name added from a supplemental report. Filed 19 \_\_\_\_\_  
 Month; day, year Local Registrar

Filed 2/4 1925 C. A. Sawyer  
 County Registrar

Registrar

449-105-365

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.  
 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.