

WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

PLACE OF BIRTH *Gila*

# ARIZONA STATE BOARD OF HEALTH

1. County of \_\_\_\_\_  
 District of \_\_\_\_\_  
 Town of *miami*  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. *168*  
 County Registrar No. *54*  
 Local Registrar No. *37*

2. Full name of child *Pauline Louise Tretheway*  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) No. *Miami Inspiration Hospital* St. \_\_\_\_\_ Ward \_\_\_\_\_  
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 \_\_\_\_\_ } 6. Legitimate? *yes* 7. Date of birth *January 8 1925*  
 Month day year

8. FATHER  
 Full name *John Orrin Tretheway*

14. MOTHER  
 Full maiden name *Pauline Evadna Garrett*

9. Residence (Usual place of abode) *miami, arizon*  
 If nonresident, give place and state

15. Residence (Usual place of abode) *miami, arizon*  
 If nonresident, give place and state

10. Color or race *White*

16. Color or race *White*

11. Age at last birthday *29* (Years)

17. Age at last birthday *25* (Years)

12. Birthplace (city or place) *michigan*  
 (State or country)

18. Birthplace (city or place) *Texas*  
 (State or country)

13. Occupation  
 Nature of industry *Bookkeeper  
 Copper mine*

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 *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 *alive* at *1:20* p.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 evidences of life after birth.  
 Signature *J. J. Miller*  
 (Physician or midwife)

Address *miami, arizon*

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year.

Filed *Feb 1*, 1925 *Nelson D. Brantton*  
 Local Registrar

Filed *3/9*, 1925 *Y. E. Wylburn*  
 County Registrar

Registrar.

738-108-773