

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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Hospital Hill
 Town of Miami
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 190
 County Registrar No. 61
 Local Registrar No. 17

2. Full name of child James Woodruff Edwards* (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 _____
 6. Legitimate? yes
 7. Date of birth January 14, 1925
 Month Day Year

8. FATHER
 Full name Adolphus Wade Edwards

14. MOTHER
 Full maiden name Edua Louise Bevis

9. Residence (Usual place of abode) 402 Ripley Ave., Miami, Ariz
 If non-resident, give place and state.

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

10. Color or race White
 11. Age at last birthday 25 (Years)

16. Color or race White
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Quincy, Florida
 (State or country)

18. Birthplace (city or place) Bascom, Florida
 (State or country)

13. Occupation Electrician
 Nature of Industry Copper mine

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 1
 (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 3:10 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 evidence of life after birth.
 Signature H. J. Truitt (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report. Month, day, year
152-114-502
 Registrar
 Filed Jan 15, 1925 Nelson or Brayton Local Registrar.
 Filed 2/9, 1925 H. E. Wight County Registrar.

* Baby died 24 hours later; before name was assigned