

PLACE OF BIRTH

1. County of DeLa

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151County Registrar No. 112Local Registrar No. 67No. 1020 Adonis Ave St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jack Stone 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. no 5. Legitimate? yes7. Date of birth Feb. 17-1925
Month day year5. No., in order of birth 18. FATHER
Full name Charles A. Stone14. MOTHER
Full maiden name Mabel Haughey9. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state15. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state10. Color or race Cauc.16. Color or race Cauc.11. Age at last birthday 52 (Years)17. Age at last birthday 33 (Years)12. Birthplace (city or place) Meridian Texas
(State or country)18. Birthplace (city or place) Spokane Wash.
(State or country)13. Occupation
Nature of industry Cook19. Occupation
Nature of industry Housewife20. Number of children of this mother (a) Born alive and now living 3
(b) Born alive but now dead 1
(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 8 P m. on the date above stated.
(Born alive or stillborn)Signature Eyril M. Brown M.D.
(Physician or midwife)Address Miami Ariz.

Given name added from _____

a supplemental report _____

Month, day, year.

Filed Feb 28, 1925 Neoma BrytonFiled 3/9, 1925 E. E. Whyllie

Registrar.

Local Registrar.

County Registrar.

125-217-488

WRITE PLAINLY 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.