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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 646

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Yavapai

District of Prescott

Town of

or

City of Prescott No. 122 S. McCormick St. St., Ward

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

2. Full name of child Mary Louise Stanley (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 Feb. 28, 1925 (Month Day Year)

8. **FATHER**

Full name Richard Francis Stanley

9. Residence (Usual place of abode) Prescott, Arizona

If non-resident, give place and state.

10. Color or race: white

11. Age at last birthday 35 (Years)

12. Birthplace (city or place)

(State or country) Texas

13. Occupation

Nature of industry Machinist

14. **MOTHER**

Full maiden name Elizabeth Ruth O'Brien

15 Residence (Usual place of abode) Prescott, Arizona

If non-resident, give place and state.

16 Color or race: white

17. Age at last birthday 28 (Years)

18. Birthplace (city or place)

(State or country) Cal.

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 3

(b) Born alive but now dead 2

(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 Feb born alive at 3:00AM. 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 R. H. Noone M. D. (Physician or midwife).

Address Prescott, Arizona.

Given name added from a supplemental report

Month, day, year

Filed Feb. 28, 1925 Mary T. Southworth Local Registrar.

Registrar

Filed 3-5-1925 John W. Flinn County Registrar.

407-228-565