

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In cases 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

V

1. County of _____
 District of _____
 Town of *Miami*
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. *124*
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child *Thomas Thiel Ballard* (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 *March 3, 1925*
 Month Day Year

8. FATHER
 Full name *Orvan Arvon Ballard*

14. MOTHER
 Full maiden name *Fannie May Tanner*

9. Residence (Usual place of abode) *Miami, Arizona*
 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 *32* (Years)

16. Color or race *W* 17. Age at last birthday *28* (Years)

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

18. Birthplace (city or place) *Civian Louisiana*
 (State or country)

13. Occupation *Wristman*
 Nature of industry *Copper man*

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 *10:30 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 *J. J. Miller*
 Address *Miami, Arizona*
 (Physician or midwife.)

Given name added from a supplemental report _____
 Month, day, year _____
 Filed *April 5, 1925* *W. S. Braxton*
 Local Registrar.
 Registrar _____
 County Registrar.

324 - 303 - 639