MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

...se of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 714 Smith St., Ward

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

2. Full name of child Helen Patricia Melby (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 Mar. 18 1925 (Month Day Year)

8. FATHER

Full name Jalmer Melby

9. Residence (Usual place of abode) Miami Ariz

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 42 (Years)

12. Birthplace (city or place) Menominee

(State or country) Wis.

13. Occupation

Nature of industry Merchant

14. MOTHER

Full maiden name Mary Agnes Ryan

15 Residence (Usual place of abode) Miami Ariz

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Globe

(State or country) Arizona

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 5

(b) Born alive but now dead none

(c) Stillborn none

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 alive ~~or stillborn~~.) at 6:30 P. m. on the date above stated

* 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 C. J. Sotel M.D. (Physician or midwife)

Address Miami Ariz

Given name added from a supplemental report Month, day, year

Filed Mch 20, 1925 Nelson D Brayton Local Registrar.

Registrar

Filed, 19

County Registrar.

848 - 318 - 495