

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. *186*
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child *Mary Julia Brown*
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <i>female</i>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <i>yes</i>	7. Date of birth <i>Mar 25 1925</i> Month Day Year
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8. FATHER
 Full name *Albert Franklin Brown*

14. MOTHER
 Full maiden name *Mary Ellen Shea*

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 *34* (Years)

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

12. Birthplace (city or place) *Knoxville*
 (State or country) *Tenn.*

18. Birthplace (city or place) *Idaho*
 (State or country)

13. Occupation *machinist*
 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 *J. 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*
 (Physician or midwife)
 Address *Miami, Arizona*

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

Registrar _____ Filed _____, 19____ County Registrar.

425 - 325 - 421