

PLACE OF BIRTH

Gila

ARIZONA STATE BOARD OF HEALTH

1. County of _____

District of _____

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 199

County Registrar No. _____

Local Registrar No. _____

No. Miami-Inspirator Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Paul morales Mitchell

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 _____

6. Legitimate?

yes

7. Date

of birth

Mar 28, 1925
Month Day Year

5. No., in order of birth _____

8.

FATHER

Full name

William LeRoy Mitchell

14.

MOTHER

Full maiden name

Lucy Margaret MacVicar

9. Residence

(Usual place of abode)

(Lower) Miami, Arizona

If non-resident, give place and state.

15. Residence

(Usual place of abode)

(Lower) Miami, Arizona

If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 35 (Years)

16. Color or race

White

17. Age at last birthday 34 (Years)

12. Birthplace (city or place)

Hancock
Michigan

(State or country)

18. Birthplace (city or place)

Negaunee
Michigan

(State or country)

13. Occupation

Nature of industry

Electrician

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 2
(b) Born alive but now dead 0
(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

alive

at 9:45 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

Local Registrar.

Filed

19

County Registrar.

Registrar

743-328-359

Miami 28. 1925

N. B. - In case of one child, only one must be named, and the number of such in
 N. C. - If more than one child, each, and the number of such in
 VIDE FOR BINDING IN
 THIS COPY must be made, each, and the number of such in
 birth stated.
 NOTE PLAINLY
 T RECORD