

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of Lower MiamiTown of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 159

County Registrar No. \_\_\_\_\_

Local Registrar No. 9

St. \_\_\_\_\_ Ward \_\_\_\_\_

No. Dairy Canyon  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Ellen Morris

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.female

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes7. Date of birth April 10, 1925

Month day year

5. No. in order of birth \_\_\_\_\_

8.

FATHER

Full name Howard Phisemon Morris

14.

MOTHER

Full maiden name Alta Jane Stowell

9. Residence

(Usual place of abode) Miami, Ariz

If nonresident, give place and state

15.

Residence

(Usual place of abode) Miami, Oregon

If nonresident, give place and state

10. Color or race

White11. Age at last birthday 22 (Years)

16.

Color or race

White17. Age at last birthday 20 (Years)

12. Birthplace (city or place)

(State or country) Dafford Arizona

18.

Birthplace (city or place)

(State or country) Mexico

13. Occupation

Nature of industry Butcher Clerk

19.

Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child heretofore certified and including this child.)

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 021. 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

(Born alive or stillborn.)

3:15 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 evidences of life after birth.

Signature J. J. MillerAddress Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed April 19, 1925

Filed \_\_\_\_\_

Local Registrar.

County Registrar.

Registrar.

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.

542-410-123