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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

State Index No. 162

County Registrar No.

Local Registrar No. 12

No. Miami-Inspiration Hospital St. Ward

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

2. Full name of child Nancy Ruth Hale } 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 April 11 1925 (Month day year)

8. FATHER

Full name Allen Henry Hale

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

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Tombstone

(State or country) Arizona

13. Occupation Mechanic Power House

Nature of industry Copper Mine

14. MOTHER

Full maiden name Eleanor Esther Davis

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Clarion

(State or country) Pennsylvania

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 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 8 m. on the date above stated. (Born alive ~~or stillborn~~.) 8:23

*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 F. F. Miller (Physician ~~or midwife~~)

Address Miami, Ariz.

Given name added from a supplemental report

Month, day, year.

Filed April 19, 1925 J. E. Irwin Local Registrar.

Registrar.

Filed , 19 County Registrar.

585-411-542