

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children in order of birth stated.

PLACE OF BIRTH

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. 163
County Registrar No. _____
Local Registrar No. 10

No. 92 Kinney Drive St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Elizabeth Collson } 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 12, 1925
Month day year

8. FATHER
Full name Mark Gray Collson

14. MOTHER
Full maiden name Elizabeth Theresa McCall

9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race white
11. Age at last birthday 32 (Years)

16. Color or race white
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Chicago, Illinois
(State or country)

18. Birthplace (city or place) Glasgow, Scotland
(State or country)

13. Occupation miner
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 } (a) Born alive and now living 2
certified and including this child.) } (b) Born alive but now dead 1
} (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 5 A. 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 evidences of life after birth.
Signature J. H. Miller (Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report _____
Month, day, year. Filed April 19, 1925 Local Registrar. _____
County Registrar. _____

535-412-543