

-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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of _____

or Miami

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187

County Registrar No. _____

Local Registrar No. 32

No. Davis Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy Ellen Stewart (If child is not yet named, make supplemental report, as directed)

3. Sex of Child F. 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 4 25 25
Month Day Year

8. FATHER
Full name Geo. Stewart

14. MOTHER
Full maiden name Eugene Bisson

9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race W.
11. Age at last birthday 60 (Years)

16. Color or race W.
17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Milwaukee Wis
(State or country)

18. Birthplace (city or place) Milwaukee Wis
(State or country)

13. Occupation
Nature of industry Machinist

19. Occupation
Nature of industry H. W.

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 5
(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 _____ at 10 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 evidence of life after birth.

Signature O. H. Perkins (Physician or midwife)

Address Miami, Ariz.

Given name added from a supplemental report. Filed May 5, 1925 P. E. Davis Local Registrar.
Month, day, year

Registrar

Filed _____, 19____

County Registrar

423-425-523