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

State Index No. 197

County Registrar No.

Local Registrar No. 24

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

1022 Cedar St.

No. 1022 ~~Adams St~~ St. Ward

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

2. Full name of child Royce Reginald Richardson } 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 5. No. in order of birth

6. Legitimate? yes

7. Date of birth: April 27. 1925 (Month day year)

8. FATHER*

Full name: William R. Richardson

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

If nonresident, give place and state

10. Color or race: white

11. Age at last birthday: 23 (Years)

12. Birthplace (city or place)

(State or country): Texas

13. Occupation: Brake man; train

Nature of industry: Copper mine & mill

14. MOTHER

Full maiden name: Edith Elva Trussell

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

If nonresident, give place and state

16. Color or race: white

17. Age at last birthday: 19 (Years)

18. Birthplace (city or place)

(State or country): Oklahoma

19. Occupation: Housewife

Nature of industry

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 (Born alive ~~or stillborn~~.) at 3:01 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: F. F. Miller (Physician or midwife)

Address: Miami, Arizona

Given name added from a supplemental report

Filed May 3, 1925 C. E. Dunn Local Registrar.

Month, day, year.

995-427-533 Registrar.

Filed ..... 19.... County Registrar.

* Has no middle name; only an initial.