

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sala
District of _____
Town of _____
or Miami
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200
County Registrar No. _____
Local Registrar No. 23

2. Full name of child Mary Anna Simmons
3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes
7. Date of birth 4 29 25 (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed.)

8. FATHER
Full name Stanley H Simmons
9. Residence (Usual place of abode) Florida
If non-resident, give place and state. Florida
10. Color or race W
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) M.M.
(State or country)
13. Occupation
Nature of Industry Carpenter

14. MOTHER
Full maiden name Mary Harris
15. Residence (Usual place of abode) Texas
If non-resident, give place and state.
16. Color or race W
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Texas
(State or country)
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 7 (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 born at 4 P. m. on the date above stated (Born alive or stillborn.)

Signature [Signature] (Physician or midwife).
Address Miami, Ariz

Given name added from a supplemental report. Month, day, year Filed May 2, 1925 Local Registrar. C. E. Brown

Registrar Filed _____ 19____ County Registrar.

order of birth stated.

422-429-482