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

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 206

County Registrar No.

Local Registrar No. 27

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 Dorothy Jean McMahon } 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 30. 1925 (Month day year)

FATHER

8. Full name James McMahon

9. Residence (Usual place of abode) Midland City

If nonresident, give place and state Miami Ariz

10. Color or race White

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Montana

(State or country)

13. Occupation Mechanic

Nature of industry

MOTHER

14. Full maiden name Georgia Alice Shelton

15. Residence (Usual place of abode) Midland City

If nonresident, give place and state Miami, Arizona

16. Color or race White

17. Age at last birthday 34 (Years)

18. Birthplace (city or place)

(State or country) Missouri

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 2

(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 8:40 P. 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 F. L. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year.

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

Registrar.

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

445-430-725