

PLACE OF BIRTH

1. County of Hila
 District of Inspiration
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 209
 County Registrar No. _____
 Local Registrar No. 58

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

2. Full name of child Robert Clinton Nelson { 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 May 18 1925
 Month Day Year

8. FATHER
 Full name Robert Herbert Nelson

14. MOTHER
 Full maiden name Mattie May Shultz

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

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 If non-resident, give place and state.

10. Color or race white
 11. Age at last birthday 30 (Years)

16. Color or race white
 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) New Mexico
 (State or country)

18. Birthplace (city or place) Texas
 (State or country)

13. Occupation
 Nature of industry miner

19. Occupation
 Nature of industry House wife

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 _____ at 12:10 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 evidence of life after birth.

Signature: L. M. Tompkins
 Address: Miami, Arizona

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

Filed May 19, 1925 P. E. Dwyer
 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

955-518-429

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.