

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Gila
 District of _____
 Town of Inspiration
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187
 County Registrar No. _____
 Local Registrar No. 156

2. Full name of child Robert Smith
(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.

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 June 22, 1925
Month Day Year

8. FATHER
 Full name Mrs. J. Smith

14. MOTHER
 Full maiden name Helen May Hoffa

9. Residence (Usual place of abode) Inspiration
 If nonresident, give place and state _____

15. Residence (Usual place of abode) Inspiration
 If nonresident, give place and state _____

10. Color or race White 11. Age at last birthday 42 (Years)

16. Color or race White 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) _____
 (State or country) So. Carolina

18. Birthplace (city or place) _____
 (State or country) Kansas

13. Occupation P.R. Foreman
 Nature of industry Mining

19. Occupation _____
 Nature of industry Amusements

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 3
 (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 4:40 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 John Magan M.D.
 (Physician or midwife)
 Address Inspiration, Arizona

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

Filed July 8, 1925 C.E. Twin
 Local Registrar.
 Filed _____ 19____ County Registrar.

728-622-882