

AMENDMENT ATTACHED
ARIZONA STATE BOARD OF HEALTH

619 V
37

WATER FADING WITH UNFADING INK—THIS IS A SEPARATE RETURN must be made for each, and the number of order of birth stated.

PLACE OF BIRTH
 1. County of Yavapai
 District of Prescott
 Town of Copper Arizona
 or
 City of _____ No. Copper, Arizona St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

2. Full name of child Finis Myers (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. _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth June 9, 1925
 Month Day Year

8. FATHER
Full name Jessin James Myers

14. MOTHER
Full maiden name Wable Clair

9. Residence (Usual place of abode) Copper, Arizona
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 38 (Years)

16. Color or race White 17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Rochelle Florida
(State or country)

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

13. Occupation Track Foreman
Nature of industry _____

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 6
 (b) Born alive but now dead 0
 (c) Stillborn _____

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 alive 2:40A 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 H. T. Southworth M. D. (Physician or midwife).
 Address Prescott, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed June 10, 1925 _____
 Filed _____ 19____
 Registrar _____ County Registrar _____

642-607-439