

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 170  
 Registered No. 179

1. PLACE OF BIRTH  
 County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 10 Marie Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Homer Peese Ison (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 July 9, 1925  
 Month Day Year

8. FATHER  
 Full name Edward Peese Ison

14. MOTHER  
 Full maiden name Cora Markham

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

15. Residence (Usual place of abode) Miami, Ariz.  
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 35 (Years)

16. Color or race Cauc. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Elliot Co. Kentucky  
 (State or country)

18. Birthplace (city or place) Safford, Ariz.  
 (State or country)

13. Occupation  
 Nature of Industry Millman

19. Occupation  
 Nature of industry Housewife

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 5  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 at 1:30 a. 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 Byril M. Crow M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year 895-709-344 Registrar  
 Filed July 30, 1925 C. E. Ison Registrar

MARGIN RESERVED FOR BINDING.  
 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.