

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.

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

State File No. 157
Registered No. 408

1. PLACE OF BIRTH

County Hila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lois Evelyn Winans { 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. _____ 6. Legitimate? yes 7. Date of birth Dec. 15, 1925
Month Day Year

8. FATHER
Full name Oscar William Winans
9. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.
10. Color or race Cauc.
11. Age at last birthday 20 (Years)

14. MOTHER
Full maiden name Robbie Shipp
15. Residence (Usual place of abode) Claypool, Ariz.
If non-resident, give place and state.
16. Color or race Cauc.
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Ballenger, Texas
(State or country)
13. Occupation
Nature of industry Carpenter

18. Birthplace (city or place) Ballenger, Texas
(State or country)
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 1 (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 1:10 a.m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Jan 4, 1926 C. E. Jura
Registrar Registrar

362-1215-927