

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.

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of Greenlee

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Morena

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 250

County Registrar No. \_\_\_\_\_

Local Registrar No. 184

2. Full name of child Merle Lee Parsons } 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 Dec 31 1925 Month day year

3. FATHER  
Full name Lionard N. Parsons

14. MOTHER  
Full maiden name Lothe Schwabner

9. Residence (Usual place of abode) Morena  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Morena  
If nonresident, give place and state \_\_\_\_\_

10. Color or race W  
11. Age at last birthday 34 (Years)

16. Color or race W  
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Nevada  
(State or country) Texas

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

13. Occupation machinist  
Nature of industry mining

19. Occupation HW  
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 5  
(b) Born alive but now dead 2  
(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 \_\_\_\_\_ (born alive or stillborn.) at \_\_\_\_\_ m. on the date above stated.

\*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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_

Signature [Signature]  
(Physician or midwife)

Address [Address]  
Local Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
County Registrar.

572 - 1131 - 339