

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of _____

or

City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153

County Registrar No. _____

Local Registrar No. 462

Not Miami Inspiration Hospital Ward
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child James Jacob Suter } 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 Jan 13th 1926 Month day year

8. FATHER Full name Otto Jacob Suter

14. MOTHER Full maiden name Molly Bowler

9. Residence (Usual place of abode) 664 So East Globe
If nonresident, give place and state

15. Residence (Usual place of abode) Globe 664 So East Arizona
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 26 (Years)

16. Color or race white 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Globe Arizona
(State or country)

18. Birthplace (city or place) Co. Kerry Ireland
(State or country)

13. Occupation Crank
Nature of industry

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 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 alive at 11:45 P 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 evidences of life after birth. Signature Wm. B. Watts, M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ Filed Jan 29 1926 C. E. Dorn Local Registrar.

Month, day, year. _____ Filed _____ County Registrar.

Registrar.

Filed

10

County Registrar.

129-113-429