

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

State File No. 156
 Registered No. 533

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Cecil Franklin Adkisson (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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. 14, 1926
 Month Day Year

8. FATHER
 Full name Earnest F. Adkisson

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

10. Color or race Cauc. 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Alamogordo, New Mex.
 (State or country)

13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Jettie Clark

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

16. Color or race Cauc. 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Coney, New Mex.
 (State or country)

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother: (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (c) Stillborn _____ } 21. Were precautions taken against ophthalmia neonatorum? yes
 (Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 12 P. m. on the date above stated
 (Born alive or stillborn)

Signature Byril M. Brown M.D.
Physician (Physician or midwife)

Address Miami, Arizona

Filed Feb 10, 1926 O.E. Brown
 Registrar

*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.

Given name added from a supplemental report. Month, day, year

Registrar

315-111-132

F RECORD
 r each, and the number of each in
 WRITE PLAINLY WITH
 N. E.—in case of more than one child at a birth, etc.
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