PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161

County Registrar No. 483

Local Registrar No.

No. Miami Inspiration Hospital St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jane Adelle Harvey

{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~~ yes

5. No., in order of birth 2nd

6. Legitimate? yes

7. Date of birth January 14, 1926 (Month Day Year)

8. FATHER

Full name Quinton Corwin Harvey

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Blackburn

(State or country) Louisiana

13. Occupation Clerk

Nature of industry Clothing store

14. MOTHER

Full maiden name Aline Smith

15 Residence (Usual place of abode) Miami Arizona

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Homer

(State or country) Louisiana

19. Occupation Housewife

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 4

(b) Born alive but now dead 0

(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 alive at 8:39 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 J. F. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year

Filed Feb 3, 1956 C. E. Twin Local Registrar.

Registrar

Filed, 19

County Registrar.

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