

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

State File No. 191
 Registered No. 476

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Chester Allen Skeen (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. 24, 1926
 Month Day Year

8. FATHER
 Full name William David Skeen
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

14. MOTHER
 Full maiden name Lura Agatha Holden
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 36 (Years)

16. Color or race Cauc. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Aurora
 (State or country) Missouri

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

13. Occupation
 Nature of Industry Blacksmith

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 4
 (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 9:20 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 Leyrl M. Brown, M.D.
Physician
 (Physician or midwife)

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

Filed Feb 1, 1926
C. E. J. J.
 Registrar

325-124-385

MAKE IN REVERSE. A DIVISION OF THE DEPARTMENT OF HEALTH AND WELFARE. 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.