

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Gila

BUREAU OF VITAL STATISTICS

State Index No. 110

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 497

Town of Miami

Local Registrar No. _____

or _____

City of _____ No. 1000 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Fannie May Gardner (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Feb 3 1926</u> Month Day Year
		5. No., in order of birth. _____		

8. FATHER
Full name Edgar Gardner

14. MOTHER
Full maiden name Bertha Glas

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

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

10. Color or race negro

16. Color or race negress

11. Age at last birthday 40 (Years)

17. Age at last birthday 28 (Years)

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

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

13. Occupation miner
Nature of industry Copper

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 <u>4</u>
(b) Born alive but now dead <u>1</u>
(c) Stillborn <u>0</u>

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 2:30 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 evidence of life after birth.

Signature J. J. Miller
(Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 5 1926 C. E. Dine
 Month, day, year Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

679-203-272