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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114
County Registrar No.
Local Registrar No. 553

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of
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 Bryan Ross Colbert {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 Feb 4 1926 (Month Day Year)

8. FATHER
Full name Bryan Colbert

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 25 (Years)

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

13. Occupation Pipe fitter
Nature of industry

14. MOTHER
Full maiden name Mildred Maud Cunningham

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 20 (Years)

18. Birthplace (city or place) Alamagardo
(State or country) New Mexico

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 1
(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 1 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 F. F. Miller
(Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report
Month, day, year
Filed Mch 14, 1926 C. E. Irvin
Local Registrar.

Registrar
Filed , 19
County Registrar.

233-204-434