

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH *Gila*

1. County of *Gila*
 District of *Warrior Riding*
 Town of *Claypool*
 or *Miami*
 City of _____ No. *Warrior Riding* St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. *149*
 County Registrar No. _____
 Local Registrar No. *551*

2. Full name of child *Evelyn Collien Chilton* { 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 _____ 5. No., in order of birth _____ 6. Legitimate? *yes* 7. Date of birth *Feb 18 1926*
 Month Day Year

8. FATHER
 Full name *William Thomas Chilton*

14. MOTHER
 Full maiden name *Maudie Cosper*

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

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

10. Color or race *white* 11. Age at last birthday *37* (Years)

16. Color or race *white* 17. Age at last birthday *37* (Years)

12. Birthplace (city or place) *Oklahoma*
 (State or country)

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

13. Occupation *Electrician*
 Nature of Industry *Copper Smelter*

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 *11:59 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. J. Miller* (Physician or midwife)
 Address *Miami, Arizona*

Given name added from a supplemental report. Filed *Feb 14 1926* Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

535-818-439

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.