V

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 157

Registered No. 566

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANEN. 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.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami, No. ..... St. ..... Ward

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

2. Full name of child James Carroll Ferguson { 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 Mch. 13, 1926. (Month Day Year)

8. FATHER	14. MOTHER
Full name Paul Ferguson	Full maiden name Maude Rains
9. Residence (Usual place of abode) Miami,	15 Residence (Usual place of abode) Miami,
If non-resident, give place and state. Arizona.	If non-resident, give place and state. Arizona.
10. Color or race Caus.	16 Color or race Caus.
11. Age at last birthday 34 (Years)	17. Age at last birthday 34 (Years)
12. Birthplace (city or place) Ft. Smith,	18. Birthplace (city or place) Abeline,
(State or country) Ark.	(State or country) Texas
13. Occupation	19. Occupation
Nature of Industry Teamster	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 (Born alive or stillborn) at 11:15 A. m. on the date above stated

*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 Cyril M. Crow M.D.

Physician (Physician ~~or midwife~~)

Address Miami, Arizona.

Given name added from a supplemental report ..... Month, day, year

..... Registrar

Filed Apr 7, 1926 C. E. Snow Registrar

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