

PLACE OF BIRTH

Yila

## ARIZONA STATE BOARD OF HEALTH

1. County of \_\_\_\_\_

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155aCounty Registrar No. 663

Local Registrar No. \_\_\_\_\_

No. 88 Styline Trail St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Brown

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate?

7. Date

of birth April 18 1926  
Month Day YearFemale

5. No., in order of birth \_\_\_\_\_

Yes

8. FATHER

Full name Charles Judson Brown

14. MOTHER

Full maiden name Ora Lee Shepherd

9. Residence

(Usual place of abode)

Miami Arizon

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Miami Arizon

If non-resident, give place and state.

10. Color or race

White11. Age at last birthday 43 (Years)

16. Color or race

White17. Age at last birthday 29 (Years)

12. Birthplace (city or place)

(State or country)

Texas

13. Birthplace (city or place)

(State or country)

Texas

13. Occupation

Nature of industry

Carpenter, Construction  
Copper mine

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 6(b) Born alive but now dead 1(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

(Born alive or stillborn.)

at 4:56 P 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

J. J. Miller

(Physician or midwife)

Address

Miami, Arizon

Given name added from a supplemental report

Month, day, year

Filed

June 11, 1926

Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_

Registrar

County Registrar.

005-418-624

order of birth stated.