

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mila

District of _____

Town of miami

or

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 177

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 620

Local Registrar No. _____

No. 84 Red Springs Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Claude Levires Nelson { 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 April 28 1926
Month Day Year8. FATHER
Full name Claude Levires Nelson14. MOTHER
Full maiden name Effie Blanche Wren9. 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 Colored
11. Age at last birthday 30 (Years)16. Color or race Colored
17. Age at last birthday 24 (Years)12. Birthplace (city or place) Victoria
(State or country) Texas18. Birthplace (city or place) Baerme
(State or country) Texas13. Occupation Porter
Nature of industry _____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 2
(b) Born alive but now dead 0
(c) Stillborn 021. 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 8:30 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. E. Miller
(Physician or midwife.)Address Miami, ArizonaGiven name added from a supplemental report _____ Filed May 28 1926 Lee E. Jones Local Registrar.
Month, day, yearFiled _____ 19 _____
Registrar _____ County Registrar.

355-428-565