

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of Lower MiamiTown of Miami

or

City of No. 39 Warren Sidings St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS

State Index No. 174 a

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 664Local Registrar No. 2. Full name of child Margaret Ladene Holmes (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. 6. Legitimate? yes 7. Date of birth May 25 1926
Month Day Year5. No., in order of birth 8. FATHER
Full name Arthur Clarence Holmes14. MOTHER
Full maiden name Bessie Florence Davison9. Residence (Usual place of abode) Miami, Ariz.
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 White 11. Age at last birthday 31 (Years)16. Color or race White 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Colorado
(State or country)18. Birthplace (city or place) Missouri
(State or country)13. Occupation
Nature of Industry Miner
Copper19. Occupation
Nature of Industry Housewife20. 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 3
(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 11:14 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 H. J. Miller (Physician or midwife)Address Miami, ArizonaGiven name added from a supplemental report Filed June 11, 1926 H. E. Dora Local Registrar.
Month, day, yearRegistrar Filed , 19 County Registrar.

492-525-245