

WRITES PLAINLY WITH UNFADEING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RECORD MUST BE MADE FOR EACH AND THE  
 order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

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

Town of Miami

or

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 88

County Registrar No. \_\_\_\_\_

Local Registrar No. 1068

No. Miami Hospital, Hospital St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alice June Dillard (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 June 1 1926  
Month Day Year

8. FATHER  
Full name Lathe Dillard

14. MOTHER  
Full maiden name Mrs. Florence Murrell

9. Residence (Usual place of abode) Miami Ariz  
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Ariz  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 15 (Years)

16. Color or race White 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas

13. Birthplace (city or place) Millington  
(State or country) \_\_\_\_\_

13. Occupation  
Nature of industry Miner

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 2  
(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 2:10 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 Ariz

Given name added from a supplemental report. Filed June 11, 1926 Local Registrar. \_\_\_\_\_  
Month, day, year Registrar Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

144-601-743