

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 95
County Registrar No. 681
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or _____
City of _____

No. No. 6 Warrior Canon Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Richard Howard (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 June 4, 1926
Month Day Year

8. FATHER
Full name Joseph Richard Howard
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 25 (Years)

14. MOTHER
Full maiden name Dorothy Nell Welch
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Congress, Ariz.
(State or country)
13. Occupation
Nature of industry Mining

18. Birthplace (city or place) Tucson, Arizona
(State or country)
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 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(b) Born alive but now dead _____ }
(c) Stillborn _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 8:40 m. on the date above stated
(Born) alive or stillborn

Signature Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____ Filed July 7, 1926 R. E. Dwyer Local Registrar.
Month, day, year Registrar _____ Filed _____, 19 _____ County Registrar.

184-604-468

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT 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.