

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD! 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.

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. 1448
 County Registrar No. _____
 Local Registrar No. 715

No. 32 Oak St. Claybrook, Ariz. Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Edward Brock (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. Legitimate? yes 6. Date of birth June 29, 1926
 Month Day Year

8. FATHER
 Full name Charles Edward Brock
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 10. Color or race Cauc.
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Capitan, New Mex.
 (State or country) _____
 13. Occupation millman
 Nature of industry Mining

14. MOTHER
 Full maiden name Janie Ray
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 16. Color or race Cauc.
 17. Age at last birthday 21 (Years)
 18. Birthplace (city or place) Georgetown, Texas
 (State or country) _____
 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 _____
 (c) Stillborn _____
 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 born at 12:30 p.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 Loyil M. Brown, M.D. (Physician or midwife).
 Address Miami, Arizona

Given name added from a supplemental report. Filed July 13, 1926 Le B. Javer Local Registrar.
 Month, day, year

Registrar _____ Filed _____ 19 _____ County Registrar.

322-629-198