

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.

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. 129  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 755

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

2. Full name of child \_\_\_\_\_ (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>July 11 1926</u> Month Day Year
		5. No. in order of birth _____		

8. FATHER  
 Full name Norton Watts

14. MOTHER  
 Full maiden name Evel Chelmina Henry

9. 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 White  
 11. Age at last birthday 30 (Years)

16. Color or race White  
 17. Age at last birthday 30 (Years)

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

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

13. Occupation Accountant  
 Nature of Industry Copper mine

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 0  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was stillborn at 8:30 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 J. J. Miller  
 (Physician or midwife.)  
 Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed Aug 7 1926  
 Registrar \_\_\_\_\_  
 Filed \_\_\_\_\_ 19\_\_\_\_  
 Local Registrar C. E. Davis  
 County Registrar \_\_\_\_\_

002-711-588