

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.

V

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila  
 District of Lower Miami  
 Town of Miami  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149  
 County Registrar No. 156  
 Local Registrar No. \_\_\_\_\_

No. 544 Van Winkle \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edward Alan Thompson { 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 July 17 1926  
 Month Day Year

8. FATHER  
 Full name John Mc Cane Thompson  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Mary Anderson  
 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 38 (Years)

16. Color or race white  
 17. Age at last birthday 31 (Years)

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

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Seminole New Mex; Co

13. Occupation Locomotive  
 Nature of Industry fireman

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 7  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 9:14 P. 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 Aug 7 1926 \_\_\_\_\_ Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

535-717-415