

MARGIN RESERVATION FOR BINDING  
 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 Lower Miami  
 Town of Miami  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128  
 County Registrar No. 761  
 Local Registrar No. \_\_\_\_\_

No. 74 Hill St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jennings Bryan Meador (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 Aug 1 1926  
 Month Day Year

8. FATHER  
 Full name Jennings Bryan Meador

14. MOTHER  
 Full maiden name Mabel Adams

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 29 (Years)

16. Color or race white 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Comanche  
 (State or country) Oklahoma

18. Birthplace (city or place) Hallettsville  
 (State or country) Texas

13. Occupation miner  
 Nature of industry Copper

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother } (a) Born alive and now living 3  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0  
 certified and including this child.) } (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 12:00 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. Trimmer (Physician or midwife)  
 Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed Aug 10 1926 R. E. Dinn Local Registrar.  
 Month, day, year

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

149-801-412