MARGIN RESERVED 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.

V

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131
County Registrar No. 764
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of
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 Helen Elizabeth Small (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female | 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 August 2, 1926 (Month Day Year)

8. FATHER
Full name Frank Sylvester Small

9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Boston
(State or country) Massachusetts

13. Occupation Chemist
Nature of industry Copper mining

14. MOTHER
Full maiden name Elizabeth Mina Sturdivant

15 Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

16 Color or race White | 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Omaha
(State or country) Nebraska

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 0
(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 (Born alive ~~or stillborn~~.) at 1:30 A m. on the date above stated

* 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 H. F. Miller (Physician ~~or midwife~~).
Address Miami, Arizona

Given name added from a supplemental report
Month, day, year

Filed Aug 10, 1926 H. E. Irvin
Local Registrar.

Registrar

Filed , 19
County Registrar.

823-802-563