

in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157
County Registrar No. 775
Local Registrar No. _____

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

2. Full name of child Mary Helen Patterson { 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 Aug 8 1926
Month Day Year

8. FATHER
Full name Samuel Martin Patterson

14. MOTHER
Full maiden name Mary Elizabeth Anderson

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

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years)

16. Color or race White 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) Terrebonne
(State or country) Louisiana

13. Occupation Physical director
Nature of industry YMCA

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 1
(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 at 8:50 a.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. Swiller
(Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Aug 17 26 19 R. E. Ford Local Registrar.
Month, day, year

Registrar _____ Filed _____ 19 _____ County Registrar.

475-408-115