

Amendment attached

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo
District of Clay Springs
Town of _____
or _____
City of _____ No. _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 529
County Registrar No. _____
Local Registrar No. 3-

2. Full name of child Sammy Mae McKiel (If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ 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. Legitimate? yes 7. Date of birth Aug. 9, 1926
Month Day Year

8. FATHER Full name Benj Franklin McKiel

14. MOTHER Full maiden name Sarah Ethel Hancock

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

15. Residence (Usual place of abode) Clay Springs, Ariz.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 24 (Years)

16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Morelas, Sonora, Mex.
(State or country)

18. Birthplace (city or place) Eden, Graham Co, Ariz.
(State or country)

13. Occupation mechanic
Nature of industry

19. Occupation Seamstress.
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 three (b) Born alive but now dead _____ (c) Stillborn _____ 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 Born alive at 11 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 Victoria Smith (Physician or midwife). Address _____

Given name added from a supplemental report. Filed _____, 19____
Month, day, year _____
Registrar _____ Filed _____, 19____
Local Registrar. Mrs. J. Edw. Brewer
County Registrar.

243-919-282

WRITE PLAIN - WITH UNFADING INK - THIS IS A PERNANENT RECORD - Use 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.