

WHILE FILING THIS WITH UNFOLDING AREA, 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 _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

County Registrar No. 837

Local Registrar No. _____

2. Full name of child Betty Jane Daves (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

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 Sept. 17, 1926 Month Sept Day 17 Year 1926

8. FATHER Full name George Dewey Daves

14. MOTHER Full maiden name Mary Ellen Howell

9. Residence (Usual place of abode) Claypool 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 Cauc. 11. Age at last birthday 28 (Years)

16. Color or race Cauc. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Thurber Texas (State or country)

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

13. Occupation millman Nature of industry mining

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 _____ (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 at 5:07 p.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 Cyril M. Brown M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ Filed Sept 26 19 26 C. E. Dini Local Registrar.

Month, day, year _____ Registrar _____ Filed _____, 19 _____ County Registrar.

242-917-483