

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 _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1572
County Registrar No. _____
Local Registrar No. 917

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

2. Full name of child Phillip Lee Smith (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 _____ 6. Legitimate? yes 7. Date of birth Sept. 22, 1926
Month Day Year

8. FATHER
Full name Edwin Bashford Smith

14. MOTHER
Full maiden name Ruth Coatsworth

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 Cauc. 11. Age at last birthday 33 (Years)

16. Color or race Cauc 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Cripple Creek, Colo.
(State or country)

13. Occupation Storekeeper
Nature of industry Mining

19. Occupation Housewife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) } (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 5²⁰ P. m. on the date above stated
(Born alive or stillborn.)

Signature Beryl M. Terow M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Nov 23, 26 B. E. Terow
Month, day, year Local Registrar.

Registrar Filed _____, 19 _____ County Registrar.

728-922-938