

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170  
County Registrar No. 869  
Local Registrar No. 869

PLACE OF BIRTH

1. County of Hila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

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

2. Full name of child Robert S. Stevenson { 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  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Sept. 26, 1926  
Month Day Year

8. FATHER  
Full name Roy S. Stevenson  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
10. Color or race Cauc  
11. Age at last birthday 26 (Years)

14. MOTHER  
Full maiden name Eva Maria Michael  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
16. Color or race Cauc  
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Holladay, Utah  
(State or country)  
13. Occupation Chief Assayer  
Nature of industry Inspiration Mine

18. Birthplace (city or place) Bedford, Iowa  
(State or country)  
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 \_\_\_\_\_  
(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 10 A. m. on the date above stated  
(Born alive or stillborn.)

Signature Lynell M. Brown M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed Nov 4, 1926 \_\_\_\_\_  
Local Registrar Lois E. Dine  
Registrar \_\_\_\_\_  
Filed \_\_\_\_\_, 19\_\_\_\_\_  
County Registrar \_\_\_\_\_

925-926-543

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.