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

1. County of Gila

District of

Town of Miami

or

City of ____ No. Miami-Insp. Hospital St., ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183a-

County Registrar No. 918

Local Registrar No.

2. Full name of child Elizabeth Sweske

{ 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. 30, 1926. (Month, Day, Year)

8. FATHER

Full name: William C. Sweske

9. Residence (Usual place of abode): Miami,

If non-resident, give place and state: Arizona.

10. Color or race: Canc.

11. Age at last birthday: 26 (Years)

12. Birthplace (city or place): Chicago,

(State or country): Ill.

13. Occupation: Asst. Engineer

Nature of industry: Mining.

14. MOTHER

Full maiden name: Beryl Murray

15 Residence (Usual place of abode): Miami,

If non-resident, give place and state: Arizona.

16 Color or race: Canc.

17. Age at last birthday: 22 (Years)

18. Birthplace (city or place): Denver,

(State or country): Colo.

19. Occupation:

Nature of industry: Housewife

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

(b) Born alive but now dead

(c) Stillborn 1

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 stillborn (Born alive or stillborn.) at 9 30 P. m. on the date above stated

*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. Crow M.D. (Physician or ~~midwife~~).

Address Miami, Arizona

Given name added from a supplemental report ____ Filed Nov 23, 1926 H. E. Jones Local Registrar.

Month, day, year

Registrar

Filed ____, 19____ County Registrar.

525-930-248