

In 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 Pima

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

County Registrar No. _____

Local Registrar No. 904

No. 504-B Gibson St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emala Downer (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 Oct 15 1926
Month Day Year

8. FATHER Full name Simon Ezra Thomas Downer

14. MOTHER Full maiden name Cecilia Catherine Cavannagh

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

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 33 (Years)

16. Color or race white 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Lincoln
(State or country) Nebraska

18. Birthplace (city or place) _____
(State or country) Illinois

13. Occupation Butler under
Nature of Industry _____

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 3
(b) Born alive but now dead 1
(c) Stillborn 0

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 alive at 3:05 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 J. J. Miller
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ Filed Nov 11 1926 _____ Local Registrar.

Registrar _____

Filed _____, 19 _____

County Registrar _____

549-1015-338