

PLACE OF BIRTH

1. County of Yila

District of _____

Town of Miami

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 186County Registrar No. 891

Local Registrar No. _____

2. Full name of child Garnet Lorene Green No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____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. 23, 1926 { If child is not yet named, make supplemental report, as directed. Month Day Year8. FATHER
Full name Mortimer J. Green9. Residence (Usual place of abode) Claypool Arizona
If non-resident, give place and state.10. Color or race Cauc. 11. Age at last birthday 23 (Years)12. Birthplace (city or place) Sacramento Mt New Mex.
(State or country)13. Occupation
Nature of Industry Truck Driver14. MOTHER
Full maiden name Lida Violet Sanders15. Residence (Usual place of abode) Claypool Arizona
If non-resident, give place and state.16. Color or race Cauc. 17. Age at last birthday 23 (Years)18. Birthplace (city or place) Ft. Thomas, Arizona
(State or country)19. Occupation
Nature of Industry Housewife20. Number of children of this mother } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 1
certified and including this child.) } (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 115 A m. on the date above stated
(Born alive or stillborn.)Signature Leyril M. Brown M. 10. (Physician or midwife)Address Miami, ArizonaGiven name added from a supplemental report. Filed Nov 4 1926 C. E. Finn
Month, day, year

Local Registrar.

Registrar _____

Filed _____, 19____

County Registrar.

775-1023-302