

B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, with the NUMBER of such 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 _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192
County Registrar No. 932
Local Registrar No. _____

2. Full name of child John Frizzell (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Oct. 24, 1926
Month Day Year

8. FATHER
Full name Francis Nevins Frizzell
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 34 (Years)

14. MOTHER
Full maiden name Alma Rose Miller
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Fordyce
(State or country) Arkansas
13. Occupation
Nature of industry Millman

18. Birthplace (city or place) Champaign
(State or country) Ill.
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 3 (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 12 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 Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filled 1 6 1926 by L. E. Dinn Local Registrar.
Month, day, year Registrar _____ Filled _____, 19____ County Registrar _____

163-1024-149