

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 205
 County Registrar No. 898
 Local Registrar No. _____

No. Claypool, Ariz. Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Betty Lou Terry { 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. 0 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Oct. 27, 1926
 Month Day Year

8. FATHER
 Full name Earnest Leon Terry

14. MOTHER
 Full maiden name Allie Mae Barrette

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

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

10. Color or race Cauc. 11. Age at last birthday 25 (Years)

16. Color or race Cauc. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Orange - Texas
 (State or country)

18. Birthplace (city or place) Damon, Oklahoma
 (State or country)

13. Occupation
 Nature of industry Garage

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 2
 (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 5:15 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 Eyril M. Brown, M.D. (Physician or midwife)
 Address 1 Miami, Arizona

Given name added from a supplemental report. Filed Nov 4 1926 Local Registrar, _____
 Month, day, year
 Registrar _____ Filed _____ 19 _____ County Registrar.

238-1027-125