

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. 135
County Registrar No. 913
Local Registrar No. _____

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

2. Full name of child Margaret Estelle Seney { 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. Legitimate? yes 6. Date of birth Nov 7 1926 Month Day Year

8. FATHER Full name Emell Arless Seney

14. MOTHER Full maiden name Ada Belle Upchurch

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

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

10. Color or race White 11. Age at last birthday 23 (Years)

16. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Mustangee
(State or country) Oklahoma

18. Birthplace (city or place) Saffard
(State or country) Arizona

13. Occupation Miner
Nature of industry Copper

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 1 (b) Born alive but now dead 0 (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 5:40 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 L. E. J. Miller Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

428-1107-148