

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. 146
County Registrar No. 926
Local Registrar No. _____

No. Still St.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nanalee Groves

{ 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 Nov. 13, 1926
Month Day Year

8. FATHER
Full name Norman W. Groves

14. MOTHER
Full maiden name Edna Inez Iney

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 Cauc. 11. Age at last birthday 26 (Years)

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Olney, Texas
(State or country)

18. Birthplace (city or place) Hillsboro, Texas
(State or country)

13. Occupation Craneman
Nature of Industry Mining

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
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 7:20 P. at _____ 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 Loyd M. Terow M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____ Filed Nov 23, 1926 L. E. Jira Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

572-1113-598