

WRITE PLAINLY WITH UNDERSTANDING. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Maricopa  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_  
No. Miami-Ins. Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital of institution, give its NAME instead of street and number)

State Index No. 158  
County Registrar No. 935  
Local Registrar No. \_\_\_\_\_

2. Full name of child Edward Tyle Stanneart (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 Nov. 17, 1926 Month Day Year

8. FATHER  
Full name Samuel Stanneart  
9. Residence (Usual place of abode) Claypool  
If non-resident, give place and state. Arizona

14. MOTHER  
Full maiden name Ada Leader  
15. Residence (Usual place of abode) Claypool  
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 33 (Years)

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

12. Birthplace (city or place) Otawa  
(State or country) Kansas

18. Birthplace (city or place) Seneca  
(State or country) Mo.

13. Occupation Boiler maker  
Nature of Industry Mining

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 1 (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 10<sup>25</sup> A. m. on the date above stated (Born alive or stillborn.)

Signature Cyril M. Brown (Physician or midwife.)  
Address Miami, Arizona

Given name added from a supplemental report. Filed Dec 1, 1926 H. E. Dorn Local Registrar.  
Month, day, year  
Registrar \_\_\_\_\_, 19\_\_\_\_ County Registrar \_\_\_\_\_

523-1117-139