

MAKE CERTAINLY WITH CARE. SEPARATE RETURN must be made for each, and the "N. B." or of each in order of birth entered.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of Lower Miami  
 Town of Miami  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163  
 County Registrar No. 938  
 Local Registrar No. \_\_\_\_\_

No. 133 Warrior Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Philroy Brown { 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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov 18 1926  
 Month Day Year

8. FATHER  
 Full name Major Lee Brown

14. MOTHER  
 Full maiden name Annie Louisa Lillywhite

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 W 11. Age at last birthday 37 (Years)

16. Color or race White 17. Age at last birthday 39 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Gorgia

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

13. Occupation Pumpman  
 Nature of industry Copper mine

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother } (a) Born alive and now living 7  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0  
 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 alive at 9:30 a.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 Dec 8 26 19 26 Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

725-1118-135