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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185
County Registrar No. 972
Local Registrar No.

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

2. Full name of child Thomas Martin Pace { 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. 26, 1926. (Month Day Year)

8. FATHER	14. MOTHER
Full name Hyrum Martin Pace	Full maiden name Melba Duke
9. Residence (Usual place of abode) Miami,	15 Residence (Usual place of abode) Miami,
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Cauc.	16 Color or race Cauc.
11. Age at last birthday 26 (Years)	17. Age at last birthday 20 (Years)
12. Birthplace (city or place) Thatcher.	18. Birthplace (city or place) Thatcher.
(State or country) Arizona.	(State or country) Arizona.
13. Occupation Electrician	19. Occupation
Nature of industry Mining	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 (Born alive ~~or stillborn~~.) at 10 35 A. m. on the date above stated

*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 Cyril M. Crow M.D. (Physician ~~or midwife~~).
Address Miami, Arizona.

Given name added from a supplemental report Month, day, year

Filed Jan 7, 1927 C. E. Irvin Local Registrar.

Registrar

Filed , 19 County Registrar.

375-1126-445