

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 Mila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127
County Registrar No. 957
Local Registrar No. _____

2. Full name of child Georgia Ellen Amberson
No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 Dec 5, 1926
Month Day Year

8. FATHER
Full name George Washington Amberson

14. MOTHER
Full maiden name Carrie Belle Pullen

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

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

10. Color or race white 11. Age at last birthday 38 (Years)

16. Color or race white 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) London
(State or country) Texas

18. Birthplace (city or place) Barksdale
(State or country) Texas

13. Occupation mine foreman
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 5
(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 11:30 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 H. J. Miller
(Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report. Filed Jan 5, 1927 Local Registrar P. E. Drinn
Month, day, year Filed _____ 19____ County Registrar _____
Registrar _____

715-1205-325