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. 183
County Registrar No. 992
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of
No. 715A Pinal St St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Earl Powell Abrams { 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 Dec. 24, 1926 (Month Day Year)

8. FATHER
Full name Earnest W. Abrams
9. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.
10. Color or race Cauc.
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Macon Co.
(State or country) Mo.
13. Occupation Watchman
Nature of industry Mining

14. MOTHER
Full maiden name Mary Schneider
15 Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.
16 Color or race Cauc.
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) Durango,
(State or country) Colo.
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 4
(b) Born alive but now dead 2
(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 7 55 P. 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. Trim Local Registrar.
Registrar
Filed , 19 County Registrar.

512-1224-429