

V

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Miami

or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185

County Registrar No. _____

Local Registrar No. 960

No. Miami Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paschal Mark Anderson (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 Dec 25 1926
Month Day Year

8. FATHER Full name Paschal Andrew Anderson

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

10. Color or race White 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Seminole
(State or country) New Mexico

13. Occupation Trainer
Nature of industry Copper mine

20. Number of children of this mother (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0

14. MOTHER Full maiden name Helena Charlotta Despain

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

16. Color or race White 17. Age at last birthday 19 (Years)

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

19. Occupation Housewife
Nature of industry _____

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 2:10 p.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 Jan 5 1927 Local Registrar. C. E. Davis
Month, day, year Registrar Filed _____, 19____ County Registrar.

715-1225-345

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.