

...in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Paria  
Town of Paria  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 11

2. Full name of child Faldie Sue Scott  
(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 3  
6. Legitimate? yes  
7. Date of birth Sept 13 - 28  
Month Day Year

8. FATHER  
Full name George Dickson Scott  
9. Residence (Usual place of abode) Paria  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Ella Mae Thompson  
15. Residence (Usual place of abode) Paria  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 27 (Years)

16. Color or race White  
17. Age at last birthday 9 (Years)

12. Birthplace (city or place) Leubrock, Texas  
(State or country)

18. Birthplace (city or place) Allen, Okla  
(State or country)

13. Occupation  
Nature of industry Maecame

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living \_\_\_\_\_  
(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 alive at 4<sup>15</sup> 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 Katie E. Miller  
Address Paria, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month day, year  
Frank C. Randall  
Registrar

Filed Sept 30, 1928 Frank C. Randall  
Local Registrar.  
Filed \_\_\_\_\_, 19\_\_\_\_  
County Registrar

523-913-535