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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 298

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. Little Acres District St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Geneva Ely (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 6 (Month) 26 (Day) 29 (Year)

8. FATHER

Full name Jasper K. Ely

9. Residence (Usual place of abode) Miami Ariz

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Bibb

(State or country) Texas

13. Occupation Dairyman

Nature of industry Dairy

14. MOTHER

Full maiden name Lucindy May Justice

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race white

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Talequah

(State or country) Oklahoma

19. Occupation Housewife

Nature of industry —

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(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 Born alive (Born alive or stillborn.) at 11.40 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 L. A. Love

Physician (Physician or midwife).

Address M I Hospital Miami Ariz

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

Filed July 12, 1929 C. E. [illegible] Registrar

Registrar

758-626-315

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