

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.

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH.

State File No. _____
Registered No. 403

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami-Insap. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paul Godfrey Seaman { 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 Aug. 25-1929
Month Day Year

8. FATHER
Full name George Reginald Seaman
9. Residence (Usual place of abode) 147 So. High Globe-Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Grace Estelle Morton
15. Residence (Usual place of abode) 147 South High Globe-Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 44 (Years)

16. Color or race Cauc. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) London, England
(State or country)

18. Birthplace (city or place) Mobile, Ala.
(State or country)

13. Occupation
Nature of Industry Machinist

19. Occupation
Nature of Industry Housewife

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 opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 7:24 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 Lynell M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona

Filed Sept 11, 1929 Registrar L. E. Tom

725-825-745