

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
County Registrar No. 16  
Local Registrar No. 16

PLACE OF BIRTH

1. County of Gila  
District of Maricopa  
Town of Miami  
or  
City of \_\_\_\_\_

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

2. Full name of child Arthur Rood Still (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 January 11, 1927  
Month Day Year

8. FATHER  
Full name Jack Wiltinson Still  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Lillian Elizabeth Cronin  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 26 (Years)

16. Color or race White 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Tucson  
(State or country) Arizona

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

13. Occupation mining engineer  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 3  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (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 alive at 7:35 P. 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 supplemental report. Filed Feb 5, 1927 Local Registrar C. E. Cronin  
Month, day, year

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar \_\_\_\_\_

123-111-335

N. B. - All copies of birth certificates must be forwarded to the Registrar in order of birth stated.