

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Dila
District of _____
Town of Miami
or
City of _____

State Index No. 146
County Registrar No. 48
Local Registrar No. _____

2. Full name of child Ruth Marie Hinkle
No. Miami Inspiration Hospital St. _____ Ward _____
(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. yes 6. Legitimate? yes 7. Date of birth Feb 14 1927
Month Day Year

8. FATHER
Full name Jacob Hinkle

14. MOTHER
Full maiden name Marie Bernadette Croteau

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

15. Residence (Usual place of abode) Miami, Arizon
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 27 (Years)

12. Birthplace (city or place) Virginia
(State or country)

18. Birthplace (city or place) North Dakota
(State or country)

13. Occupation Clerical
Nature of industry Copper mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 alive at 2:15 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, Arizon

Given name added from a supplemental report. Month, day, year
Filed Feb 25, 27 Le. E. Dorn
Local Registrar.

Registrar _____ County Registrar.

985 - 214 - 435