ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 188 c.

Registered No. 132

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No. 6 Dairy Canon St. Ward

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

2. Full name of child: Pearl Miller { 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: Mch. 31 - 1927. (Month Day Year)

FATHER

8. Full name: Paul Gaines Miller

9. Residence (Usual place of abode): Miami, Arizona

If non-resident, give place and state.

10. Color or race: Caue.

11. Age at last birthday: 22 (Years)

12. Birthplace (city or place): Big Springs Texas

(State or country)

13. Occupation: Carpenter

Nature of industry: Mining

MOTHER

14. Full maiden name: Rita Scott

15. Residence (Usual place of abode): Miami, Arizona

If non-resident, give place and state.

16. Color or race: Caue.

17. Age at last birthday: 18 (Years)

18. Birthplace (city or place): Colonia Morelos

(State or country): Sonora, Mex.

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:

(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 born (Born alive or stillborn) at 1:30 P. m. on the date above stated

Signature: Cyril M. Crow M.D.

Physician (Physician or midwife).

Address: Miami, Arizona.

* 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.

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

Registrar

Filed: Apr 12, 1927 C. E. Jinn Registrar

749-331-923