

SEPARATE NO. 1 URN must be made for each, and the number each in order of birth stated.

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

State File No. 150
Registered No. 157

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 403 Forest Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Michael Patrick Russell (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 Apr. 12, 1927
Month Day Year

8. FATHER
Full name John Russell

14. MOTHER
Full maiden name Helen Mannison

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

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If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 31 (Years)

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

12. Birthplace (city or place) Shafter, Texas
(State or country)

18. Birthplace (city or place) Nogales, Arizona
(State or country)

13. Occupation Miner
Nature of industry mining.

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 3
(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 at 7:10 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 Byril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____

Address Miami, Arizona

Month, day, year _____
Registrar _____

Filed May 10, 27 Registrar [Signature]

493-412-845