

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

State File No. 148  
 Registered No. 188

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 28 True Oak Mine St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Minnie Sue Barrow { If child is not yet named, make supplemental report, as directed.

<b>3. Sex of Child</b> <u>Female</u>	<b>To be answered ONLY</b> In event of plural births.	<b>4. Twin, triplet or other</b>	<b>5. No., in order of birth</b>	<b>6. Legitimate?</b> <u>yes</u>	<b>7. Date of birth</b> <u>May 9 - 1927</u> Month Day Year
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**8. FATHER**  
 Full name Henry P. Barrow  
 Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 Color or race Cauc.  
 Age at last birthday 23 (Years)  
 Birthplace (city or place) Spartenberg S. C.  
 (State or country)  
 Occupation Miner  
 Nature of industry Mining

**14. MOTHER**  
 Full maiden name Minnie E. Goulding  
 Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 Color or race Cauc.  
 Age at last birthday 21 (Years)  
 Birthplace (city or place) San Bernardino Co. Calif.  
 (State or country)  
 Occupation \_\_\_\_\_  
 Nature of industry Housewife

<b>20. Number of children of this mother</b> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____	<b>21. Were precautions taken against ophthalmia neonatorum?</b> <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 10:25 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 Cyril M. Brown, M.D.  
 \_\_\_\_\_  
 Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Filed May 11, 1927 G. E. Tom  
 Registrar

426-505-477

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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.