

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.

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

State File No. 152
 Registered No. 187

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Morris Benjamin Heath

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 May 11-1927
 Month Day Year

8. FATHER
 Full name Morris Austin Heath
 9. Residence (Usual place of abode) Inspiration, Arizona
 If non-resident, give place and state.
 10. Color or race Cauc. 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Omaha, Nebraska
 (State or country)
 13. Occupation Mech. Engineer
 Nature of industry Insp. C. Copper Co.

14. MOTHER
 Full maiden name Cella Bernice Daker
 15. Residence (Usual place of abode) Inspiration, Arizona
 If non-resident, give place and state.
 16. Color or race Cauc. 17. Age at last birthday 35 (Years)
 18. Birthplace (city or place) Clear Lake, Iowa
 (State or country)
 19. Occupation _____
 Nature of industry Housewife

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 4
 (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 8:35 P. M. on the date above stated
(Born alive or stillborn.)
 Signature Cyril M. Brown, M.D. Physician
 Address Miami, Arizona (Physician or midwife)
 Given name added from a supplemental report _____
 Month, day, year _____
 Filled May 25, 1927 B. E. Dyer Registrar

* 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.

468-511-349