

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

State File No. 157a  
 Registered No. 237a

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. L4 Fine 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 William Guthrie (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 May 12 - 1927  
 Month Day Year

**8. FATHER**  
 Full name William H. Guthrie  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 10. Color or race Cauc.  
 11. Age at last birthday 36 (Years)

**14. MOTHER**  
 Full maiden name Nell Paine  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race Cauc.  
 17. Age at last birthday 32 (Years)

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

18. Birthplace (city or place) Burnett, Texas  
 (State or country)

13. Occupation Miner  
 Nature of industry Insp. Con. Copper Co.

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 1  
 (c) Stillborn 1

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 stillborn at 10 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. Larow M.D.  
Physician  
(Physician or midwife).

Address Miami, Arizona

Filed June 11, 1927 B. E. Davis  
 Registrar

675-512-592

MARGIN RESERVED FOR BINDING  
 WRITE FULLY 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.