ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163

County Registrar No.

Local Registrar No. 195

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 7 Van Winkle Canon St. Ward

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

2. Full name of child Gloria May Zufall — 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 May 14 - 1927 (Month day year)

FATHER	MOTHER
8. Full name: Milo Zufall	14. Full maiden name: Wilma Baldwin
9. Residence (Usual place of abode): Miami. If nonresident, give place and state: Arizona	15. Residence (Usual place of abode): Miami. If nonresident, give place and state: Arizona
10. Color or race: Cauc. — 11. Age at last birthday 32 (Years)	16. Color or race: Cauc. — 17. Age at last birthday 24 (Years)
12. Birthplace (city or place): Big Run. (State or country): Penn.	18. Birthplace (city or place): Lake Wilson (State or country): Minn.
13. Occupation: Electrician. 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 4
(b) Born alive but now dead 1
(c) Stillborn none

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 alive at 4 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 evidences of life after birth.

Signature Cyril M. Crow M.D. (Physician or midwife)

Address Miami Arizona

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

Filed May 20, 1927 C. E. Irvin, Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

793-514-625

WRITE ... 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.