

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164  
County Registrar No. 194  
Local Registrar No. \_\_\_\_\_

**PLACE OF BIRTH**

1. County of Pima  
District of Maricopa  
Town of Miami  
or  
City of \_\_\_\_\_

No. Cactus Garden St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Ruth Fleck (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 14 1927</u> Month Day Year
		5. No., in order of birth		

8. FATHER  
Full name George Arthur Fleck

14. MOTHER  
Full maiden name Elizabeth Bertha Berg

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

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

10. Color or race White  
11. Age at last birthday 42 (Years)

16. Color or race White  
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Little Cooley  
(State or country) Pennsylvania

18. Birthplace (city or place) Unga  
(State or country) Alaska

13. Occupation Electrician  
Nature of industry Copper mine

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 5  
(b) Born alive but now dead 0  
(c) Stillborn 0

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 alive at 12:53 p.m. on the date above stated  
(Born alive or stillborn.)

Signature J. F. Miller  
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. Filed May 20 1927 C. E. Finn Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar \_\_\_\_\_

762-514-527

WRITE PLAIN! WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.