

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 171  
Registered No. 203

## 1. PLACE OF BIRTH

County Pima State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Dorothy Zufelt { 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 17-1927  
Month Day Year8. FATHER  
Full name William J. Zufelt  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Cauc.  
11. Age at last birthday 25 (Years)14. MOTHER  
Full maiden name Eva Farrington  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Cauc.  
17. Age at last birthday 21 (Years)12. Birthplace (city or place) Safford, Arizona  
(State or country)18. Birthplace (city or place) Pima, Arizona  
(State or country)13. Occupation Millman  
Nature of industry Mining19. Occupation \_\_\_\_\_  
Nature of industry Housewife20. 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 11:30 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 Lyn M. Cron M. D.  
Physician (Physician or midwife).Given name added from a supplemental report \_\_\_\_\_ Address Miami, ArizonaMonth, day, year \_\_\_\_\_ Filed May 20, 1927 Lo E. Ding  
Registrar Registrar

493-517-565