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

State File No. _204_
Registered No. _218_

1. PLACE OF BIRTH

County _Gila_   State _Arizona_

District or Township _____ or Village _____

City _Miami_   No. _Kiser Crossing_   St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Arthur Raymond Lampe_

{ 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 29, 1927_
Month   Day   Year

8. FATHER

Full name _Edward Frank Lampe_

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

10. Color or race _White_

11. Age at last birthday _39_ (Years)

12. Birthplace (city or place) _Cincinnatti Ohio_
(State or country)

13. Occupation _Crane man_
Nature of Industry _Copper Smelter_

14. MOTHER

Full maiden name _Mary Aurora Richardson_

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

16. Color or race _White_

17. Age at last birthday _38_ (Years)

18. Birthplace (city or place) _Athol, Massachusetts_
(State or country)

19. Occupation _Housewife_
Nature of Industry

20. Number of children of this mother _6_
(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 _1_
(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 _4_ _a_.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.

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

_____
Registrar

Signature _F. Formiller_ _m.d._
(Physician or midwife)

Address _Miami, Arizona_

Filed _June 1, 1927_   _C. E. ___
Registrar

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