

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

State File No. 1841a  
 Registered No. 284

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Miami Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Thomas Paul Jr. { 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth June 28 - 1927  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

**8. FATHER**  
 Full name John Thomas Paul  
 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 26 (Years)

12. Birthplace (city or place) Morenci, Arizona  
(State or country)

13. Occupation Accountant  
 Nature of industry Mining

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

**14. MOTHER**  
 Full maiden name Mary Ellen Culver  
 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 23 (Years)

18. Birthplace (city or place) Anaconda Mont.  
(State or country)

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes  
 (a) Born alive and now living 2  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 7:29 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.

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

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year 173-1028-439  
 Registrar July 11, 1927 Ed E. King  
 Registrar