

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

State File No. 2037
Registered No. 218

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 6 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 Hazel May Larson (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 July 3-1927
Month Day Year

8. FATHER
Full name Stanley K. Larson
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 26 (Years)
12. Birthplace (city or place) Thatcher, Arizona
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Alpha Palmer
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 27 (Years)
18. Birthplace (city or place) Eden, Arizona
(State or country)
19. Occupation
Nature of industry Housewife

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 3
(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 alive at 6 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 Beryl M. Brown M.D
Physician
(Physician or midwife)

Given name added from a supplemental report. Address Miami, Arizona

Month, day, year 835-703-379
Registrar July 11, 1927 Le. E. Jorin
Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth attached.

THIS IS A PERMANENT RECORD