

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

State File No. 188

Registered No. 308

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Box 328 Miami - Ariz. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edward Allen Culver { 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 July 19 - 1927
Month Day Year

8. FATHER
Full name George Allen Culver
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

14. MOTHER
Full maiden name Julie Lucero
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 29 (Years)

16. Color or race Cauc. 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) El Paso
(State or country) Texas

18. Birthplace (city or place) Isleta
(State or country) New Mex.

13. Occupation Time Keeper
Nature of industry Insp. Con. Copper Co.

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 2
(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 1:30 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 Loyd M. Cron M.D.
Physician (Physician or midwife)

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

Month, day, year 539-719-136 Filed July 25, 1927 L. E. Jinn
Registrar Registrar

order of birth stated.

AIN-1
CHILD