

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

State File No. 155
359
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Dolore Isabelle Prisk { 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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Aug-14-1927
Month Day Year

3. FATHER
Full name Orville Prisk
Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____

14. MOTHER
Full maiden name Violet Hazel Smith
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)

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

12. Birthplace (city or place) De La Mar Nevada
(State or country) _____

18. Birthplace (city or place) Edgenburg - New York
(State or country) _____

13. Occupation Millman
Nature of industry mining

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 1
(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 2:15 A.m. on the date above stated
(Born alive or stillborn.)

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

Address Miami, Arizona

Filed Aug 20, 1927 C. E. Finn
Registrar Registrar

*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 supplemental report. _____

Month, day, year _____

Registrar _____

472-814-526