ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 178

Registered No. 372

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. 1106 Live Oak St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Billie Louise Hamblin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Fe 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 Aug 22, 1927 (Month Day Year)

8. FATHER

Full name Eddie Clay Hamblin

9. Residence (Usual place of abode) Superior, Arizona

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Los Angeles

(State or country) California

13. Occupation Smelter man

Nature of industry Copper mine

14. MOTHER

Full maiden name Nettie May Brennan

15 Residence (Usual place of abode) Superior, Arizona

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Safford, Arizona

(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother One

(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 0

(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 (Born alive ~~or stillborn~~.) at 1:55 P m. on the date above stated

*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 H. H. Miller

MD

(Physician or midwife).

Given name added from supplemental report

Month, day, year

Address Miami, Arizona

Registrar

Filed Aug 31, 1927 C. E. [illegible]

Registrar

285-822-525