

th, and the number of each in

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

State File No. 164  
453  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

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

2. Full name of child Harry Flint Gavin { 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 Oct 25 1927  
Month Day Year

8. FATHER  
Full name John Flint Gavin

14. MOTHER  
Full maiden name Eva Clair Wade

9. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 36 (Years)

16. Color or race White 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Colorado  
(State or country)

18. Birthplace (city or place) Colorado  
(State or country)

13. Occupation Timekeeper  
Nature of Industry Copper mine

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

20. Number of children of this mother: (a) Born alive and now living 2  
(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 at 1:54 P 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 J. J. Miller  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami Arizona

Month, day, year \_\_\_\_\_ Filed Oct 30, 27 Registrar \_\_\_\_\_

875-1025-565