

RECORD
 IN THIS PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

Amendment attached

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

State File No. 128
 Registered No. 788

1. PLACE OF BIRTH

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

2. Full name of child Josephine Brown { 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 Nov. 11-1927
Month Day Year

8. FATHER
 Full name Oscar Loren Brown
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 10. Color or race Cauc
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) Glenbar, Arizona
(State or country)
 13. Occupation Machinist
 Nature of industry Insp. Copper Co.

14. MOTHER
 Full maiden name Luella Blair
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 16. Color or race Cauc.
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Hubbard, Arizona
(State or country)
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 1
(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 12¹⁰ 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 Cyril M. Brown, M.D.
Physician
(Physician or midwife)

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

Month, day, year _____
 Filed Nov 20, 1927
 Registrar _____ Registrar

425-1111-329