

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

State File No. 5134
 Registered No. 5134

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami-Inspration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Charles Alvin Hall

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Dec 3 1927
 Month Day Year

8. FATHER
 Full name John Marvin Hall

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

10. Color or race White

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Richland
 (State or country) Texas

13. Occupation Grocer Clerk
 Nature of Industry

14. MOTHER
 Full maiden name Alta Lee Powell

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

16. Color or race White

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Burgos
 (State or country) Texas

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 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 at 7:20 a.m. on the date above stated
(Born alive or stillborn)

Signature J. J. Miller
 M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year

Filed Dec 12 1927 E. E. Dorn Registrar

Registrar

383-1203-173

order of birth stated.