

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 5195
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ 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 Patricia Ann Conniff { 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 Dec 4 1927
Month Day Year

8. FATHER
Full name John Barsfield Conniff
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race White
11. Age at last birthday 31 (Years)
12. Birthplace (city or place) Montgomery
(State or country) Alabama
13. Occupation Mining engineer
Nature of industry Copper

14. MOTHER
Full maiden name Grace Irene Higgins
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race White
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Leadville,
(State or country) Colorado
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 3 (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 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 2:12 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 J. J. Miller
M.D.
(Physician or midwife).

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

Month, day, year _____ Filed Dec 12, 1927 L. E. Tom
Registrar Registrar

736-1204-782