

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

State File No. 5187
 Registered No. _____

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Inspiration Temple Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Mary Kathleen Anderson (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 Coulter Anderson
 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 22 (Years)
 12. Birthplace (city or place) Denning
 (State or country) New Mexico
 13. Occupation Printer
 Nature of Industry Newspaper

14. MOTHER
 Full maiden name Mary Miller Armstrong
 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 29 (Years)
 18. Birthplace (city or place) Manhattan,
 (State or country) Kansas
 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 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 3:14 A. 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 a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____
 Filed Dec 12 1927 R. E. Jones
 Registrar

415-1204-417

order of birth stated.