

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

State File No. 144
 Registered No. 5507

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Warrior Canon St. _____ Ward _____

2. Full name of child Joyce Juanita Coffin (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 no 6. Legitimate? yes 7. Date of birth Dec. 29 - 1927
 Month Day Year

8. FATHER
 Full name William Albert Coffin
 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 27 (Years)
 12. Birthplace (city or place) Colorado Springs, Colo.
 (State or country)
 13. Occupation Sampler
 Nature of industry mining

14. MOTHER
 Full maiden name Mable Louise Fairhurst
 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 23 (Years)
 18. Birthplace (city or place) Victor, Colo.
 (State or country)
 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 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 3:30 A. M. on the date above stated
 (Born alive or stillborn.)

Signature Cyril M. Brown, M.D.

 Physician (Physician or midwife)

Given name added from a supplemental report. Month, day, year _____
 Address Miami, Arizona

Filed Jan 8, 28 1928 Le. G. Jones
 Registrar Registrar

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ORIGINAL FILED IN BUREAU OF VITAL STATISTICS