

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH  
1. County of Lila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118

County Registrar No. 5

Local Registrar No. \_\_\_\_\_

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 Marian Kay Killian 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Jan. 1 1950  
Month Day Year

8. FATHER  
Full name Charles Ray Killian

14. MOTHER  
Full maiden name Jessie Ellsworth

9. Residence (Usual place of abode) Safford Arizona  
If nonresident, give place and state

15. Residence (Usual place of abode) Safford Arizona  
If nonresident, give place and state

10. Color or race White

11. Age at last birthday 35 (Years)

16. Color or race White

17. Age at last birthday 33 (Years)

12. Birthplace (city or place) St. Johns Arizona  
(State or country)

18. Birthplace (city or place) Safford Arizona  
(State or country)

13. Occupation Banker  
Nature of industry

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 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 Born alive at 2:00 P. 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. E. Thomas M.D.  
(Physician or midwife)

Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed Jan 10 1950 \_\_\_\_\_  
Local Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
County Registrar.

Registrar.

in order of birth stated.

1122-401-155