

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 235 189  
Registered No. 30

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. My office - Miami Tex. 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** Margaret Elizabeth Belle

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? \_\_\_\_\_ 7. Date of birth Jan 20 - 1930  
Month Day Year

**8. FATHER**  
Full name \_\_\_\_\_

9. Residence (Usual place of abode) \_\_\_\_\_  
If non-resident, give place and state. refused to name of father.

10. Color of race mother \_\_\_\_\_  
Age at last birthday (Years) \_\_\_\_\_

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) girl

13. Occupation \_\_\_\_\_  
Nature of Industry \_\_\_\_\_

**MOTHER**  
Full maiden name Jessie Belle

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

16. Color of race White 17. Age at last birthday 26 (Years)

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

19. Occupation H. W.  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother. 2 } (a) Born alive and now living. 2  
(Taken as of time of birth of child herein } (b) Born alive but now dead. 0  
certified and including this child.) } (c) Stillborn. 0  
21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was Born at 6:20 P 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 Charles E. Drinn  
(Physician or midwife.)

Given name added from a supplemental report. \_\_\_\_\_ Address Miami Arizona  
Month, day, year \_\_\_\_\_  
Filed Jan 15 1930 Registrar C. E. Drinn

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