

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

254 207
 State File No. _____
 Registered No. 63

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)
{ If child is not yet named, make supplemental report, as directed.

2. Full name of child David Edson Linn

3. Sex of Child male 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 January 25 1930
 Month Day Year

8. FATHER
 Full name David Edson Linn

14. MOTHER
 Full maiden name Josephine Reba Berne

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

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

10. Color or race White

11. Age at last birthday 23 (Years)

16. Color or race White

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Chicago
 (State or country) Illinois

18. Birthplace (city or place) Vinennes
 (State or country) Indiana

13. Occupation Experimental Mining Engineer
 Nature of industry Copper mine

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 10:55 P m. on the date above stated.
 (Born alive or stillborn)

Signature J. J. Miller
 (Physician or Midwife)

Address Miami, Arizona
 Month, day, year _____
 Registrar. L. E. Dorn
 Filed Feb 1 1930 Registrar.

439-125-122

order of birth stated.