

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth entered.

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

State File No. 1212
Registered No. 47

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami - Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Alison Jean Mc Dermid (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. 26 - 1930.
Month Day Year

8. FATHER

Full name Archibald John Mc Dermid

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 38 (Years)

12. Birthplace (city or place)

Duluth Minn.
(State or country)

13. Occupation

Mining Engineer
Nature of industry Miami Copper Co.

14. MOTHER

Full maiden name Ruby Helen Lisenby

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 33 (Years)

18. Birthplace (city or place)

Castonville Colo.
(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.) 3

(a) Born alive and now living 1

(b) Born alive but now dead 2

(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 7:15 m. on the date above stated.
(Born alive or stillborn.)

Signature L. E. Brown M.D.

Physician (Physician or midwife)

Address Miami, Arizona

Filed Feb 1, 1930 L. E. Brown Registrar

* 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.

Given name added from a supplemental report _____
Month, day, year _____

Registrar

144-126-938