

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

253216
 State File No. 65
 Registered No. 65

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township Lower Miami or Village _____
 City Miami No. 16 Van Chiville Canon St., Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child * Dozier (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>January 27 1930</u> Month / Day Year
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8. FATHER
 Full name Nathan Henry Dozier

14. MOTHER
 Full maiden name Cles Willie Baker

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 24 (Years)

16. Color or race
white

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Robert Lee
 (State or country) Texas

18. Birthplace (city or place) Acme
 (State or country) Texas

13. Occupation Laborer, Common; Millwork
 Nature of industry none

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 2
 (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 alive at 12:20 A. 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. J. Miller

 (Physician or midwife).

Given name added from a supplemental report. _____
 Address Miami, Arizona
 Month, day, year _____
049-127-339
 Registrar. _____
 Filed Feb 1 1930 Registrar. _____

* Premature. Died before name was assigned

order of birth stated.