

279

231

State File No. 67
Registered No.

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

1. PLACE OF BIRTH

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

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

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 29 1930
Month Day Year

8. FATHER
Full name Louis Henderson Moreland

14. MOTHER
Full maiden name Eva May Gheen

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 53 (Years)

16. Color or race White

17. Age at last birthday 38 (Years)

12. Birthplace (city or place) _____
(State or country) Texas

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

13. Occupation Carpenter
Nature of industry Copper mine

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 10:20 a. m. on the date above stated.
(Born alive or stillborn)

Signature J. H. Miller
M.D.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Feb 1, 1930 W. E. Doring
Registrar.

44-129-573

order of birth stated.