ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH 171

State File No. 920

Registered No. 2

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Miami, Inspiration Hosp. St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Lee Quinn (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 Feb. 7 1930 (Month Day Year)

8. FATHER

Full name Lester Floyd Quinn

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Safford (State or country) Arizona

13. Occupation Plumber

Nature of Industry Mining

14. MOTHER

Full maiden name Flora May Trinman

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Butte (State or country) Montana

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.) 2

(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 born alive (Born alive or stillborn) at 3:50 P.m. on the date above stated.

*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 Cyril M. Crow M.D.

Physician (Physician or midwife.)

Address Miami, Arizona

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

..... Registrar.

Filed Feb 15, 1930 C. E. Tomm Registrar.

285-207-635

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