

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 203a
Registered No. 357

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Route 1 - Globe, Ariz.
City Miami No. Central Height- St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isabel Lavern Fuller } 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. _____ 6. Legitimate? yes 7. Date of birth Feb. 24-1930.
Month Day Year

8. FATHER
Full name Claude A. Fuller

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 48 (Years)

12. Birthplace (city or place) Whitehall, Ill.
(State or country)

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Tula May Osborn

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 35 (Years)

18. Birthplace (city or place) Fla.
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 6 } (a) Born alive and now living 6
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
 } (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 5: A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown (Physician or midwife)
Address Miami, Arizona

Given name added from _____
Month, day, year _____
Registrar. J. E. Dinn
Filed June 1, 1930

UNCLASIFIED BY 60321 BJS/STP

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number

9169-224-365