

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 206  
Registered No. 834

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 708 Giles Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lillian Burtchalter  
(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 27 1930  
Month Day Year

8. FATHER  
Full name Henry Giles Burtchalter

14. MOTHER  
Full maiden name Lillian Latta Paek

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 negro

11. Age at last birthday 26 (Years)

16. Color or race negress

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas

13. Occupation Car washing  
Nature of Industry Garage

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 1  
(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 11:00 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 \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed Feb 28 1930 Registrar C. E. Jones

329-227-372

N. B.—In case of a birth, a SEPARATE RETURN must be made for each in order of birth stated.