

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

State File No. 153
 Registered No. _____

1. PLACE OF BIRTH

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

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

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>3-11-30</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Marsh Miller

14. MOTHER
 Full maiden name Hannah Donald

9. Residence (Usual place of abode) Rice
 If non-resident, give place and state.

15. Residence (Usual place of abode) Rice
 If non-resident, give place and state.

10. Color or race
Indian
4/4 Apache

11. Age at last birthday 33 (Years)

16. Color or race
Indian
4/4 Apache

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) San Carlos
 (State or country) Arizona

18. Birthplace (city or place) San Carlos
 (State or country) Arizona

13. Occupation Common Laborer
 Nature of industry _____

19. Occupation House wife
 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 _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?
Yes

I hereby certify that I attended the birth of this child, who was report alive at 5:30 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. Laughlin
 (Physician or midwife.)

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

Address Rice, Ariz
 Filed 4/1 1932 Registrar Goehring

215 - 311 - 2114