

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

State File No. 165
 Registered No. 138

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. P.O. Box 172 Claypool, Ariz. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alice Leora Roseberry }
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. Y. twin, triplet or other. _____ 5. No., in order of birth. _____
 6. Legitimate? yes 7. Date of birth Mch. 15-1930.
Month Day Year

8. FATHER

Full name Carl Keller Poseberry

Residence (Usual place of abode) Claypool

If non-resident, give place and state Arizona

9. Color or race Cauc. 10. Age at last birthday 30 (Years)

11. Birthplace (city or place) Pima
 (State or country) Arizona

12. Occupation _____
 Nature of Industry Carpenter

14. MOTHER

Full maiden name Thelma Boswell

15. Residence (Usual place of abode) Claypool

If non-resident, give place and state Arizona

16. Color or race Cauc. 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Solomville
 (State or country) Arizona

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.) 4 }
 (a) Born alive and now living 4
 (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 at 12 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 Cyril M. Brown
Physician
(Physician or midwife.)

Address Miami, Arizona

Month, day, year _____
 Filed Apr 8, 30 Registrar C. E. Finn

194-215-373