

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 177a
Registered No. 193

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____
City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alice Blanche Condit } If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate?	7. Date of birth
<u>Female</u>			<u>yes</u>	<u>Mar. 18-1930</u>
		5. No., in order of birth.		Month Day Year

8. FATHER
Full name Edwin Carmichael Condit

9. Residence 719 B. Keegan St - Miami
(Usual place of abode)
If non-resident, give place and state. Ariz.

10. Color or race Cauc.
11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Aztec
(State or country) New Mex.

13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Mabel Irene Votaw

15. Residence 719 B. Keegan St. Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

16. Color or race Cauc.
17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Lincoln
(State or country) neb.

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.)	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum?
<u>2</u>	(b) Born alive but now dead <u>0</u>	<u>yes</u>
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:10 P. 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.
Given name added from a supplemental report _____
Signature Byril M. Brown M.D.
(Physician or midwife)

Address Miami, Arizona
Month, day, year _____
Filed May 17 30 Registrar E. G. Brown

177-216-1156