

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

State File No. 702  
 Registered No. 153

**1. PLACE OF BIRTH**

County Mila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Route 1 - Globe, Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Velma Etta Morrison 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 Mar. 26 - 1930.  
 Month Day Year

**8. FATHER**  
 Full name Donald James Morrison  
 9. Residence (Usual place of abode) Central Heights  
Route 1 - Globe, Ariz.  
 If non-resident, give place and state.  
 10. Color or race Cauc.  
 11. Age at last birthday 26 (Years)  
 12. Birthplace (city or place) San Anton  
Calif.  
 (State or country)  
 13. Occupation Electrician  
 Nature of Industry Mining

**14. MOTHER**  
 Full maiden name Henrietta Tibbit  
 15. Residence (Usual place of abode) Central Heights  
Route 1 - Globe, Ariz.  
 If non-resident, give place and state.  
 16. Color or race Cauc.  
 17. Age at last birthday 20 (Years)  
 18. Birthplace (city or place) Louisiana  
 (State or country)  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)  
 (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 2:05 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. Cron M.D.  
Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
 Address Miami, Arizona  
 Filed April 8, 1930 C E Irwin  
 Registrar

545 - 326 - 833

GRADE OF DEPTH MARKED.