

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 174
Registered No. 173

1. PLACE OF BIRTH

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

2. Full name of child Betty Jean Killmer } 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 April 14 1930
of birth _____ Month Day Year

8. FATHER
Full name George Henry Killmer
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Louisiana
(State or country)
13. Occupation miner
Nature of Industry Copper

14. MOTHER
Full maiden name Emma Lee Mann
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Dearing
(State or country) New Mexico
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 1 } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 6:45 p.m. on the date above stated.
(Born alive ~~or~~ stillborn)

Signature J. E. Miller
(Physician ~~or~~ midwife.)

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year 229-414-545 Filed Apr 20 1930
Registrar. _____ Registrar.