

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

 State File No. 1497

Registered No. \_\_\_\_\_

**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 Francis Virginia Nelson } 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 Apr-16-1930  
Month Day Year
**FATHER**  
 8. Full name Clark Jesse Nelson  
 9. Residence (Usual place of abode) 86 Hill St Miami-Ariz.  
 If non-resident, give place and state \_\_\_\_\_

 10. Color or race Cauc. 11. Age at last birthday 27 (Years)

 12. Birthplace (city or place) Souara Mex.  
 (State or country) \_\_\_\_\_

 13. Occupation  
 Nature of Industry Mining
**MOTHER**  
 14. Full maiden name Juanita Cureton  
 15. Residence (Usual place of abode) 86 Hill St Miami Arizona  
 If non-resident, give place and state \_\_\_\_\_

 16. Color or race Cauc. 17. Age at last birthday 22 (Years)

 18. Birthplace (city or place) Merens Texas  
 (State or country) \_\_\_\_\_

 19. Occupation  
 Nature of Industry Housewife

 20. Number of children of this mother: (a) Born alive and now living 1, (b) Born alive but now dead 0, (c) Stillborn \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.) } 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 4:45 P. m. on the date above stated.  
(Born alive or stillborn)

 Signature Cyril M. Brown M.D. (Physician or midwife)

 Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
 Month, day, year \_\_\_\_\_ Filed May 7, 1930 Registrar C. E. Jones  
655-416-135 Registrar.

\*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.