

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 1884  
Registered No. 1884

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Claypool or Village \_\_\_\_\_  
City Miami No. 15 Railroad Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosemary Clark  
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 April 21 1930  
Month Day Year

**8. FATHER**  
Full name James Clark  
9. Residence (Usual place of abode) Miami Utah  
If non-resident, give place and state.  
10. Color or race white  
11. Age at last birthday 23 (Years)  
12. Birthplace (city or place) Utah  
(State or country)  
13. Occupation Common laborer  
Nature of Industry \_\_\_\_\_

**14. MOTHER**  
Full maiden name Janita Eleanor Hutchison  
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 19 (Years)  
18. Birthplace (city or place) Blackfoot  
(State or country) Idaho  
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 11:59 a.m. on the date above stated.  
(Born alive or stillborn)  
Signature J. J. Miller  
(Physician or midwife.)

\*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. \_\_\_\_\_ Address Miami, Arizona  
Month, day, year 932-421-185 Filed May 3 1930  
Registrar. \_\_\_\_\_ Registrar.