

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1830
Registered No. _____

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 Barbara Ruth Orr } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } female
4. Twin, triplet or other. _____ } 6. Legitimate? yes } 7. Date of birth April 22 1930
5. No., in order of birth. yes } Month Day Year

8. FATHER
Full name William James Orr

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. 25 (Years)

12. Birthplace (city or place) Leadville
(State or country) Colorado

13. Occupation Carpenter
Nature of Industry Copper mine

14. MOTHER
Full maiden name Vivian Larine Watson

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) Aurora
(State or country) Missouri

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother. _____ } (a) Born alive and now living. 1
(Taken as of time of birth of child herein certified and including this child.) } (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 alive at 1:45 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.

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

Given name added from _____ Address Miami, Arizona
1 supplemental report. Month, day, year Apr 30 1930
269-422-565 Registrar. Geo. E. Tring Registrar.