N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 147

Registered No. 223

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Claypool or Village

City Miami No. 16 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 Milton Gerald Anderson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: male | 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 May 5 1930 (Month, Day, Year)

FATHER

8. Full name Jim Edward Anderson

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 49 (Years)

12. Birthplace (city or place) Llano

(State or country) Texas

13. Occupation Miner

Nature of Industry Copper

MOTHER

14. Full maiden name Dona Amanda Shipp

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 43 (Years)

18. Birthplace (city or place)

(State or country) Tennessee

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (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 (Born alive ~~or stillborn~~) at 1:45 a.m. on the date above stated.

*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. F. Miller MD (Physician ~~or midwife~~.)

Given name added from a supplemental report Address Miami, Arizona

Month, day, year

Filed May 15 1930 C. E. Jones Registrar.

Registrar.

415-505-4127