

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 159
Registered No. 227

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. Frank Brooks } If child is not yet named, make supplemental report, as directed.

| | | | | |
|-----------------|--|--------------------------------|---------------------------|--|
| 3. Sex of Child | To be answered ONLY in event of plural births. | 4. Twin, triplet or other..... | 6. Legitimate? <u>yes</u> | 7. Date of birth <u>May 9 1930</u> Month Day Year |
| <u>male</u> | | 5. No., in order of birth..... | | |

8. FATHER
Full name Frank Brooks

14. MOTHER
Full maiden name Lula Mills

9. Residence (Usual place of abode) miami, Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) miami, Ariz.
If non-resident, give place and state.

10. Color or race white
11. Age at last birthday 36 (Years)

16. Color or race white
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) _____
(State or country) Texas

18. Birthplace (city or place) _____
(State or country) New Mex. Co

13. Occupation Carpenter
Nature of Industry Copper mining

19. Occupation _____
Nature of Industry Housewife

| | | | | |
|---|------------------------------------|----------------------------------|--------------------|--|
| 20. Number of children of this mother..... (Taken as of time of birth of child herein certified and including this child.) | (a) Born alive and now living..... | (b) Born alive but now dead..... | (c) Stillborn..... | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> |
| | <u>1</u> | <u>0</u> | <u>0</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:20 P.M. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Address Miami, Arizona
Filed May 15 1930 Registrar L. B. Jory

A. D.—IN CASE OF MORE THAN ONE CHILD, A SEPARATE RETURN MUST BE MADE FOR EACH, each in order of birth stated.

622-509-342