

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 145
Registered No. 232

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 19 Van Winkle Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martha May Bishop } 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. _____ 6. Legitimate? yes 7. Date of birth May 11 1930
5. No., in order of birth. _____ } Month Day Year

8. FATHER
Full name Thomas Bishop

14. MOTHER
Full maiden name Claudia Menner Hagemann

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

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

10. Color or race white
11. Age at last birthday 34 (Years)

16. Color or race white
17. Age at last birthday 32 (Years)

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

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

13. Occupation Labourer, Power House
Nature of Industry Copper ore Smelting

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 6 } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 1

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 P m. on the date above stated.
(Born alive or stillborn)

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

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____

Registrar _____ Filed May 20 1930 Registrar _____

1021-511-365

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.