

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 1989
Registered No. 768

1. PLACE OF BIRTH

County Gila State Arizona P.O. Box 313-

District or Township _____ or Village 408 Franz Ave

City Miami No. Miami Insp 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 Lee Minser } 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 May 27-1930
Month Day Year

8. FATHER
Full name Bert Minser
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 21 (Years)
12. Birthplace (city or place) Spurgeon
(State or country) Mo.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name May Etta Gilmore
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Le Flore
(State or country) Okl
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (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

I hereby certify that I attended the birth of this child, who was Born alive at 2 A m on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
(Physician or midwife.)

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

File Aug 17, 1930 Registrar G. E. [Signature]

249-527-475

GIVEN IN DUPLICATE TO CLERK OF BOARD