

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 146  
Registered No. 383

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City miami No. 304 Warrior Diding St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Kaye Monteith } If child is not yet named, make supplemental report, as directed.

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

**8. FATHER**  
Full name Harald James Monteith

**14. MOTHER**  
Full maiden name Charlotte Gertrude Bennett

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

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If non-resident, give place and state.

10. Color or race White

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11. Age at last birthday 20 (Years)

17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) Fayetteville  
(State or country) \_\_\_\_\_

13. Occupation Assayer Helper  
Nature of Industry Copper mine

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 7:50 a.m. on the date above stated.  
(Born alive  Stillborn )

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

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed June 15 1930 Registrar. \_\_\_\_\_

848-605-323