

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 183
Registered No. 400

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Route 1 - Box 16 - Miami -
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Opal Juanita Hauraty } 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 June 16 - 1930.
Month Day Year

FATHER
8. Full name John Bryan Hauraty
9. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state. Arizona.
10. Color or race Cauc.
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Colgate, Okla.
(State or country)
13. Occupation
Nature of Industry Mining

MOTHER
14. Full maiden name Catherine Dolly May
15. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state. Arizona.
16. Color or race Cauc.
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Adkins, Ark.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 4 } (a) Born alive and now living 4
(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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:40 A. m. on the date above stated.
(Born alive or stillborn)

Signature Lyril M. Brown M.D.
*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.
(Physician or midwife.)

Given name added from a supplemental report _____
Address Miami, Arizona
Month, day, year June 16, 1930
Registrar. B. E. Brown
Registrar.

688-666-348