

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 4674
Registered No. 4674

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Claypool, Ariz. Gen. Del.
City Miami No. Midland City St. _____ Ward _____
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child Frederick Gerald Pote } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male } 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 July 12 - 1930
Month Day Year

8. FATHER
Full name Richard Pote
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona

14. MOTHER
Full maiden name Lena Hibbitts
15. 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 50 (Years)

16. Color or race Cauc.
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Michigan Mich.
(State or country)

18. Birthplace (city or place) Hamilton, Texas
(State or country)

13. Occupation Boiler maker
Nature of Industry Mining

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother 3 } (a) Born alive and now living 3 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0 }
} (c) Stillborn _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *45

I hereby certify that I attended the birth of this child, who was born alive at 8:45 P m on the date above stated.
(Born alive or stillborn)

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

Given name added from a supplement report _____ Address Miami, Arizona

Month, day, year _____ Filed July 20, 30 Registrar C. E. Dinn

Registrar.

L-15-712-322

such in order of birth stated.