

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 180  
Registered No. 445

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 402 B. Glass Canon St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child. Helen Patricia Smith } 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 July 14-1930,  
Month Day Year

8. FATHER  
Full name Mark Smith Jr.

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 25 (Years)

12. Birthplace (city or place) Treadwell  
(State or country) Alaska

13. Occupation Electrician  
Nature of Industry Mining

14. MOTHER  
Full maiden name Myrtle M. Kieren

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 21 (Years)

18. Birthplace (city or place) Shullsberg  
(State or country) Wis.

19. Occupation \_\_\_\_\_  
Nature of Industry Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \* 30

I hereby certify that I attended the birth of this child, who was born alive at 10:30 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 \_\_\_\_\_ Filed July 20 1930 Registrar C. E. Finn

6726-714-425

each in order of birth stated.