

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 227
Registered No. 763

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 6 New St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Geneva Gail Farmer } If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes</u>	7. Date of birth <u>July 31, 1930</u>
<u>female</u>		5. No., in order of birth.....		Month Day Year

8. **FATHER**
Full name Mainer Farmer

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

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Thatcher
(State or country) Arizona

13. Occupation Smelter man
Nature of Industry Copper Mining

14. **MOTHER**
Full maiden name Evelyn Oakland

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

16. Color or race White

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Midvale
(State or country) Utah

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living.....	<u>2</u>
(b) Born alive but now dead.....	<u>0</u>
(c) Stillborn.....	<u>0</u>

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 2:45 P m. on the date above stated.
(Born alive ~~or~~ stillborn)

*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.

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

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

Month, day, year _____ Filed Aug 5, 1930 Registrar _____

764-731-514

each in order of birth stated.