

Each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 183

Registered No. 526

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. 90 Red Springs Canon St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George } 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? \_\_\_\_\_ } 7. Date of birth Aug. 25-1930.  
Month Day Year

8. FATHER  
Full name Andy Zory  
9. Residence (Usual place of abode) not known  
If non-resident, give place and state.  
10. Color or race Cauc.  
11. Age at last birthday 32 (Years)  
12. Birthplace (city or place) ?  
(State or country)  
13. Occupation Bridge worker  
Nature of Industry \_\_\_\_\_

14. MOTHER  
Full maiden name Mary Hemorich  
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 17 (Years)  
18. Birthplace (city or place) Miami  
(State or country) Arizona  
19. Occupation \_\_\_\_\_  
Nature of Industry None

20. Number of children of this mother. 1 } (a) Born alive and now living. 1  
(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 \*45  
I hereby certify that I attended the birth of this child, who was born alive at 5:45 A. M. on the date above stated.  
(Born alive or stillborn)

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

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

Month, day, year \_\_\_\_\_ File # 183-526-11930 Registrar B. E. Jones

798-825-486