

Each birth certificate must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 187
Registered No. 506

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 47 Wilson St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Ray Spurlock } 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. _____ 6. Legitimate? yes 7. Date of birth Aug 25 1930
5. No., in order of birth. _____ Month Day Year

8. FATHER
Full name Norman Renee Spurlock
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 19 (Years)
12. Birthplace (city or place) _____
(State or country) Arkansas
13. Occupation Carpenter Helper
Nature of Industry Copper mine

14. MOTHER
Full maiden name Idna Fay Philipp
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 18 (Years)
18. Birthplace (city or place) Abilene
(State or country) Texas
19. Occupation Homemife
Nature of Industry _____

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

I hereby certify that I attended the birth of this child, who was alive at 6:07 A 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
MD
(Physician or midwife)

Given name added from a supplemental report. _____
Month, day, year _____ Address Miami, Arizona
Filed Aug 30 1930 Registrar C. E. Irving

422-825-977