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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 520.

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. Miami - Inspiration Hospital St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ray Dale Richardson } 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 Sept 8 1930 (Month Day Year)

8. FATHER

Full name Marion Otis Richardson

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 31 (Years)

12. Birthplace (city or place) (State or country) Texas

13. Occupation Brakeman RR

Nature of Industry Insp. Copper Co.

14. MOTHER

Full maiden name Ethel Marie Brock

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 24 (Years)

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

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 2 (b) Born alive but now dead 0 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *45 P

I hereby certify that I attended the birth of this child, who was alive at 12 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 F. F. Miller

MD

(Physician or ~~midwife~~.)

Given name added from a supplemental report Month, day, year

Address Miami, Arizona

Filed Sept 11 1930 C. E. Tomm

Registrar.

Registrar.

each in order of birth stated.

995-964-522