

# ARIZONA STATE BOARD OF HEALTH

State File No. 5384

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village P.O. Box 894 - Miami, Ariz.  
 City Miami No. Miami, Insp Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barney Alden Townsend } 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 Sept. 8 - 1930  
 of birth \_\_\_\_\_ } Month Day Year

**8. FATHER**  
 Full name Mathew Alden Townsend  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Cauc.  
 11. Age at last birthday 24 (Years)  
 12. Birthplace (city or place) Durango, Colo.  
 (State or country)  
 13. Occupation  
 Nature of Industry Mining

**14. MOTHER**  
 Full maiden name Barbara Anna Peters  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Cauc.  
 17. Age at last birthday 19 (Years)  
 18. Birthplace (city or place) Cleveland, Ohio  
 (State or country)  
 19. Occupation  
 Nature of Industry Housewife

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 \_\_\_\_\_ } 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 born alive at 12:10 P. m. on the date above stated.  
(Born alive or stillborn)

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

Given name added from \_\_\_\_\_  
 Address Miami, Arizona  
 Month, day, year Sept 11, 30  
 Registrar H. E. Jones  
 File No. \_\_\_\_\_ 19\_\_\_\_ Registrar.

234-904-272

CASES IN WHICH NO DEPTH REQUIRED.