

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 197

1. PLACE OF BIRTH

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

2. Full name of child Josephine Ella Miller { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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. 29 1930
Month Day Year

8. FATHER
Full name Theodore E Miller

14. MOTHER
Full maiden name Nellie A Aguirre

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

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If non-resident, give place and state. Arizona

10. Color or race white 11. Age at last birthday 48 (Years)

16. Color or race Mexican 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Manistee
(State or country) Michigan

18. Birthplace (city or place) Chihuahua
(State or country) Mexico

13. Occupation Merchant.
Nature of industry

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*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 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 Herman C Bodemer
Physician
(Physician or Midwife)

Given name added from a supplemental report _____ Address Globe Arizona
Month, day, year

Filed 10/10, 1930 G. E. Williams Registrar

149-928-515

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.