ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 168

Registered No. 617

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P.O. Box 1808 - Miami, Arizona

City Miami No. L41 Live Oak Hill St., ... Ward

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

2. Full name of child John Keith Riley } 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 Oct. 18 - 1930 (Month Day Year)

8. FATHER	14. MOTHER
Full name John Newton Riley	Full maiden name Sarah Amanda Riggs
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.	If non-resident, give place and state. Arizona.
10. Color or race Cauc. 11. Age at last birthday 24 (Years)	16. Color or race Cauc. 17. Age at last birthday 22 (Years)
12. Birthplace (city or place) Hutchinson (State or country) Texas	18. Birthplace (city or place) Gracemont (State or country) Okla.
13. Occupation Nature of Industry Mining	19. Occupation Nature of Industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 1 } (a) Born alive and now living 1 (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 9 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 Cyril M. Crow M.D.

(Physician or ~~midwife~~.)

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

Address Miami, Arizona

Filed Nov 25, 1930 C. E. Tim

Registrar. Registrar.

198-1018-292