

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

State File No. 169
 Registered No. 700

1. PLACE OF BIRTH

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

2. Full name of child Minnie Louise Weaver If child is not yet named, make supplemental report, as directed.

3. Sex of Child F 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 10 18 30
Month Day Year

8. FATHER
 Full name Lucy Walter Weaver

14. MOTHER
 Full maiden name Rebecca Elrod

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

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 If non-resident, give place and state.

10. Color or race W. Amer 11. Age at last birthday 44 (Years)

16. Color or race W. Amer 17. Age at last birthday 24 (Years)

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

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

13. Occupation Shoe maker
 Nature of industry

19. Occupation HW
 Nature of industry

20. Number of children of this mother 2 } (a) Born alive and now living 2
 (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 Alive at 6:50 P.M. on the date above stated.
(Born alive or stillborn.)

Signature A. B. Perkins
(Physician or midwife).

Given name added from supplemental report 1-192-1018-554 Address Miami
Month, day, year

Filed Jan 7 1931 Registrar C. E. Long

Registrar