

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 108

Registered No. 584

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village P.O. Box 427 - Miami, Ariz.  
 City Miami No. 4 Hill St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Edward Cosgro } 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 Nov 4 1930  
 Month Day Year

8. FATHER  
Full name Fred Cosgro

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

10. Color or race Cauc. 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Columbus Junction  
 (State or country) Iowa

13. Occupation  
Nature of Industry \_\_\_\_\_

14. MOTHER  
Full maiden name Fay Meeks

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

16. Color or race Cauc. 17. Age at last birthday 27 (Years)

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

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 5  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 2  
 certified and including this child.) } (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 3-4 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 a supplemental report. \_\_\_\_\_  
 Address Miami, Arizona

Month, day, year \_\_\_\_\_  
 Filed Dec 3 1930 Registrar. B. C. Tom

336-1104-642