

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

State File No. 114
 Registered No. 235

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Midland 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 Virginia Valli Smithson
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 11-6-30
 Month Day Year

8. FATHER
 Full name Michael F. Smithson
 9. Residence (Usual place of abode) Midland city
 If non-resident, give place and state. Arizona
 10. Color or race white
 11. Age at last birthday 43 (Years)
 12. Birthplace (city or place) Apache Co. Arizona
 (State or country)
 13. Occupation Well Driller
 Nature of industry

14. MOTHER
 Full maiden name Bonnie Shirley
 15. Residence (Usual place of abode) Midland city
 If non-resident, give place and state. Arizona
 16. Color or race white
 17. Age at last birthday 39 (Years)
 18. Birthplace (city or place) Hart Co. Georgia
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (b) Born alive but now dead 0
 (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 11:45 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 Rodemer
J. J. J. J.
 (Physician or Midwife).

Given name added from a supplemental report _____ Address Globe, Arizona
 Month, day, year _____
 Filed 1/6 1931 S. E. W. W. W. W. Registrar

Registrar
525-1106-228