

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

State File No. 13
 Registered No. 665

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village P.O. Box 214 - Miami, Ariz.
 City Miami No. Miami Inop Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 } If child is not yet named, make supplemental report, as directed.

2. Full name of child. Joyce Eileen Shafer

3. Sex of Child Male Female } To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth. yes
 6. Legitimate? Yes No
 7. Date of birth Nov. 12, 1930
 Month Day Year

8. FATHER
 Full name Clarence Shafer
 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 29 (Years)
 12. Birthplace (city or place) Springtown
 (State or country) Ill.
 13. Occupation Bookkeeper
 Nature of Industry Mining

14. MOTHER
 Full maiden name Norma Lucille Berner
 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 17 (Years)
 18. Birthplace (city or place) East St. Louis
 (State or country) Ill.
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother: (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1st
 (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 8 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 Eyril M. Brown M.D.
 (Physician or midwife.)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Filed Nov 20 1930 Registrar L. G. Jmy

Registrar.
129-1112-532