

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 178  
Registered No. 633

PLACE OF BIRTH

City Gila State ARIZONA

District or Township Little Acre or Village \_\_\_\_\_

MIAMI ARIZONA No. Ranch, Little Acre St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Deane Jean O'Brien } If child is not yet named, make supplemental report, as directed.

Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. <u>Twin</u> , triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Nov 25 1930</u>
		5. No., in order of birth <u>2</u>		Month Day Year

**FATHER**

13. Name Otto Dale O'Brien

14. Residence (Usual place of abode) MIAMI ARIZONA  
If non-resident, give place and state.

15. Color or race White

16. Age at last birthday 37 (Years)

17. Birthplace (city or place) Oklahoma  
(State or country)

18. Occupation Miner  
Nature of Industry Copper

**MOTHER**

14. Full maiden name Roxie Jane Egger

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

16. Color or race White

17. Age at last birthday 38 (Years)

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

19. Occupation Housewife  
Nature of Industry

Number of children of this mother <u>7</u>	Number as of time of birth of child herein and including this child.	(a) Born alive and now living <u>8</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
		(b) Born alive but now dead <u>0</u>	
		(c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was alive at 10 P m. on the date above stated.  
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.

Signature F. F. Miller  
F. F. MILLER, M. D.  
(Physician or midwife.)

Name added from \_\_\_\_\_  
Elemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_ Address MIAMI ARIZONA

Registrar. Chas. E. [unclear] Filed Nov 30, 1930 Registrar. C. E. [unclear]

665-1125-959