

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 179
Registered No. 6311

1. PLACE OF BIRTH

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

2. Full name of child Jean * U. 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, triplet or other.</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov 25 1930</u> Month Day Year
		5. No., in order of birth <u>1</u>		

8. **FATHER**
Full name Otto Dale O'Brien

14. **MOTHER**
Full maiden name Roxie Jane Egger

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

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

10. Color or race
White

11. Age at last birthday 37 (Years)

16. Color or race
White

17. Age at last birthday 38 (Years)

2. Birthplace (city or place) _____
(State or country) Oklahoma

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

3. Occupation miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry _____

0. Number of children of this mother 8
Taken as of time of birth of child herein certified and including this child.

(a) Born alive and now living <u>7</u>
(b) Born alive but now dead <u>0</u>
(c) Stillborn <u>0</u>

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was alive at 9:25 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.
ven name added from supplemental report

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

Month, day, year _____ Address _____
Registrar John E. Jones Filed Nov 30 1930

* Initial only; no full name intended 165-1125-959