

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

192

State File No. 648
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village Route 1 - Globe - Ariz.
 City Miami No. Little Acres St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Ann Dempsey { 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. Legitimate?** yes | **7. Date of birth** Nov-30-1930
 Month Day Year

8. FATHER
Full name Patrick Leroy Dempsey

14. MOTHER
Full maiden name Cora Glenn

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

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

10. Color or race Cauc. | **11. Age at last birthday** 24 (Years)

16. Color or race Cauc. | **17. Age at last birthday** 20 (Years)

12. Birthplace Santa Rita
 (State or country) New Mex.

18. Birthplace Sanford
 (State or country) Colo.

13. Occupation
Nature of industry Dairyman

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____
 (Taken as of time of birth of child herein certified and including this child.) 4 | (a) Born alive and now living 3
 (b) Born alive but now dead 1
 (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 6¹⁵ 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 Loyce M. Brown M.D.
 (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____

Filed Dec 2, 1930 E. E. Jones
 Registrar Registrar

748-1130-375