

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 144A
Registered No. 669

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1020 Mars Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gene Les Reed If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 6. Legitimate? yes } 7. Date of birth Dec. 10-1930
5. No., in order of birth. _____ } Month Day Year

FATHER
Full name George Les Reed
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.
10. Color or race Cauc.
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Knob Co. Ill.
(State or country)
13. Occupation
Nature of Industry Miner

MOTHER
Full maiden name Eva M. Cox
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.
16. Color or race Cauc.
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Sterling Kansas
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 3 } (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
} (c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE • 25

I hereby certify that I attended the birth of this child, who was Born alive at 12 A. M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
(Physician or midwife)

Address Miami, Arizona

Month, day, year _____ Filed Dec 20 1930 Registrar C. E. Jones

794-1210-537