

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 158
Registered No. 675

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 74 - Inspiration, Ariz.
City Miami No. Miami - Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Burke Hill } 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Dec. 14 1930
Month Day Year

8. FATHER
Full name George Roosevelt Hill
9. Residence (Usual place of abode) Los Angeles, Calif.
If non-resident, give place and state.
10. Color or race Cauc.
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Roosevelt, Arizona
(State or country)
13. Occupation
Nature of Industry Clerical

14. MOTHER
Full maiden name Leona Elizabeth Fleeck
15. Residence (Usual place of abode) Inspiration, Arizona
If non-resident, give place and state.
16. Color or race Cauc.
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Douglas, Alaska
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1 } (a) Born alive and now living 1
(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

I hereby certify that I attended the birth of this child, who was born alive at 11:15 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 Cyril M. Brown, M.D.
(Physician or midwife.)

Given name added from _____ Address Miami, Arizona
supplement report. _____
Month, day, year _____ Filed Dec 20 30 1930 Registrar R. E. Jones

483-1214-362