

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

State File No. 167  
 Registered No. 704

**1. PLACE OF BIRTH**

County DeLu State Arizona  
 District or Township Lower Miami or Village \_\_\_\_\_  
 City Miami No. Will Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby, Fea { If child is not yet named, make supplemental report, as directed.

3. Sex of Child  Male  Female To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No. in order of birth \_\_\_\_\_  
 6. Legitimate?  Yes  No  
 7. Date of birth 12/19/30  
Month Day Year

8. **FATHER**  
 Full name Howard Oel dweil

14. **MOTHER**  
 Full maiden name Fanny Fea

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

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

10. Color or race W.  
 11. Age at last birthday 24 (Years)

16. Color or race W  
 17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Ark.  
 (State or country)

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

13. Occupation Navy  
 Nature of industry

19. Occupation H.W.  
 Nature of industry

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against ophthalmia neonatorum?  Yes  No

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

I hereby certify that I attended the birth of this child, who was alive at 12:30 P. m. on the date above stated.  
(Born alive or stillborn.)

Signature C. F. Perkins  
\* 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.  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
 Address Miami  
 Filled Jan 7, 1931 Le. C. Doring  
 Registrar Registrar

036-1219-636