

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 195
Registered No. 713

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

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 Henry Clarence Andrews } 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 27-1930
Month Day Year

8. FATHER
Full name Clarence George Andrews

14. MOTHER
Full maiden name Lucinda Etta Merrill

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

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

10. Color or race Cauc. 11. Age at last birthday 23 (Years)

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

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

18. Birthplace (city or place) Miami Arizona
(State or country)

13. Occupation Motor man
Nature of Industry Mining

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 8:30 P. m. on the date above stated.
(Born alive or stillborn)

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

Given name added from _____ Address Miami, Arizona

Month, day, year _____ File # Jan 10 1931 B. E. Jones Registrar.

812-1227-343