# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 122

Registered No. 6

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 Paul Claude Plumb (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 Jan. 2 1931. (Month Day Year)

FATHER

8. Full name Emer Claude Plumb

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

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

12. Birthplace (city or place) Thatcher (State or country) Arizona.

13. Occupation

Nature of Industry Mining

MOTHER

14. Full maiden name Esther Anna Campbell

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

16. Color or race Cauc. 17. Age at last birthday 18 (Years)

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

19. Occupation

Nature of Industry Housework

20. Number of children of this mother (Taken as of time of birth of child hereto certified and including this child.) 1 (a) Born alive and now living 1 (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 (Born alive or stillborn) at 7:05 A.m. on the date above stated.

*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. Crow M.D. (Physician or midwife.)

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

Registrar.

Filed Jan 14 1931 C. E. [illegible] Registrar.

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each in order of birth stated.