ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 153
Registered No. 20

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ..... or Village .....

City MIAMI No. Miami Inspiration Hospital St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carol Brinckerhoff } If child is not yet named, make supplemental report, as directed.

3. Sex of Child female | 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 13 1931 (Month Day Year)

8. FATHER
Full name Charles MacFarlane Brinckerhoff

9. Residence (Usual place of abode) (Inspiration) MIAMI, ARIZONA
If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Minneapolis
(State or country) Minnesota

13. Occupation Mining Engineer
Nature of Industry

14. MOTHER
Full maiden name Florence Margaret Andreen

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

16. Color or race White | 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) St Louis
(State or country) Missouri

19. Occupation Housewife
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 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 alive at 6:15 P 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 F. F. Miller
F. F. MILLER, M. D.
(Physician or midwife.)

Given name added from a supplementl report ..... Address MIAMI, ARIZONA
Month, day, year

Registrar.

Filed Jan 20 1931 C. E. [illegible]
Registrar.

326-113-615