

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1234
Registered No. 144

PLACE OF BIRTH

County Gila State Arizona
Municipality Globe, Ariz. or Village _____
Ward _____
Name of child DAVID OREN MILLER
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

If plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature no Full term _____
7. Legitimate? yes
8. Date of birth Jan. 13, 1932
(Month, day, year)

FATHER
Name Charles Clemmens Miller
Residence (usual place of abode) Globe, Ariz.
(If non-resident, give place and State)
Color or race white
Age at last birthday 32 (Years)
Place (city or place) Buffalo
State or country N. Y.
Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Timberman in mine
Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper mine
Date (month and year) last engaged in this work May 9, 1932
Total time (years) spent in this work 12 yrs.

MOTHER
Name Estella May Singer
Residence (usual place of abode) Globe, Ariz.
(If non-resident, give place and State)
Color or race white
Age at last birthday 21 (Years)
Place (city or place) Pasadena, California
(State or country)
Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
Date (month and year) last engaged in this work Dec. 1932
Total time (years) spent in this work 6 yrs.

Number of children of this mother (time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead one (c) Stillborn none
Stillborn, sex of gestation _____ months or weeks _____
20. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 H m. on the date above stated (Born alive or stillborn)

(Signed) T. C. Harper M.D.
or _____ Midwife
Address Globe, Ariz.
Filed 12/29 1932 Ch. E. Wrightman Registrar.
I am added from _____ (Date of) _____
Mental report 449-113-529 Registrar.