ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 168
Registered No. 29

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 Edward John Maxwell } 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 19 1931 (Month Day Year)

8. FATHER
Full name Edward Clifford Maxwell

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

10. Color or race White | 11. Age at last birthday 27 (Years)

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

13. Occupation Mechanical engineer
Nature of Industry Copper Mine

14. MOTHER
Full maiden name Anna Florence Martin

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

16. Color or race White | 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Silverton (State or country) Colorado

19. Occupation Housewife
Nature of Industry

each in order of birth stated.

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 (Born alive or stillborn) at 9:30 p.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 F. F. Miller
F. F. MILLER, M.D.
(Physician or midwife.)
MIAMI, ARIZONA
Address

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

..... Registrar.

Filed Jan 25 1931 C. E. Dunn Registrar.

543-119-145