ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 195

Registered No. 44

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township Claypool or Village

City MIAMI No. 15 Railroad Ave St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alice Marie Hutchison — 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 29 1931 (Month Day Year)

8. FATHER

Full name Thomas Lloyd Hutchison

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 21 (Years)

12. Birthplace (city or place) Blackfoot (State or country) Idaho

13. Occupation Miner

Nature of Industry Copper

14. MOTHER

Full maiden name Aurel Belle Smith

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 16 (Years)

18. Birthplace (city or place) Silver City (State or country) New Mexico

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 (Born alive or stillborn) at 9 44 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

Given name added from a supplementl report Month, day, year

Address

Filed Jan 30 1931

C. E. [illegible]

Registrar.

Registrar.

185-129-128

each in order of birth stated.