

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 196
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township _____ or Village Payson
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Brown 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 2
 6. Legitimate? Yes
 7. Date of birth 1-29-31
 Month Day Year

8. FATHER
 Full name Harry Brown
 9. Residence (Usual place of abode) Payson Ariz
 If non-resident, give place and state.
 10. Color or race W
 11. Age at last birthday 27 (Years)

14. MOTHER
 Full maiden name Salina Miller
 15. Residence (Usual place of abode) Payson Ariz
 If non-resident, give place and state.
 16. Color or race W
 17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) Ariz
 (State or country)

13. Occupation Merchant
 Nature of industry

19. Occupation HW
 Nature of industry

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living _____
 (b) Born alive but now dead _____
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? only about 30 min

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. 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 C. H. Riser

 Physician (Physician or midwife)

Given name added from a supplemental report _____
 Address Payson Ariz
 Month, day, year _____
 Filed 2/3/31 _____
 Registrar _____ Registrar

025-129-249

order of birth stated.