ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 200
Registered No. 51

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 Nancy Ann Thompson } 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 31 1931 (Month Day Year)

8. FATHER
Full name Herbert Thompson

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 51 (Years)

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

13. Occupation Pay roll Clerk
Nature of Industry Copper mine

14. MOTHER
Full maiden name Ruth Helen McIlree

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 37 (Years)

18. Birthplace (city or place) Riverside (State or country) Iowa

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 2:20 a.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 supplementi report ..... Address .....

535-131-945 (Month, day, year)
Registrar.

Filed Feb 16 1931 C E Tom
Registrar.

each in order of birth stated.