ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 97
Registered No. 64

1. PLACE OF BIRTH

County Gila State

District or Township Superior-Globe Highway or Village

City Miami No. Mackey Camp St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vella Marchie Brock } 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 March 1 1931 (Month Day Year)

FATHER	MOTHER
8. Full name John Riley Brock	14. Full maiden name Lottie Elizabeth Tryon
9. Residence (Usual place of abode) Miami Ariz. If non-resident, give place and state.	15. Residence (Usual place of abode) Miami, Ariz. If non-resident, give place and state.
10. Color or race White	16. Color or race White
11. Age at last birthday 35 (Years)	17. Age at last birthday 23 (Years)
12. Birthplace (city or place) San Angelo (State or country) Texas	18. Birthplace (city or place) Eden (State or country) Arizona
13. Occupation Locomotive fireman Nature of Industry Copper mine	19. Occupation Housewife Nature of Industry

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 2 (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 4:49 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 [illegible]

F. F. MILLER, M.D. (Physician or midwife)

MIAMI, ARIZONA

Address Miami, Arizona

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

..... Registrar.

Filed Mch 1 1931 [illegible] Registrar.

522-301-335