ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 147

Registered No. 67

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ..... or Village .....

City MIAMI, A 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 Mercedes May Baird } 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 12 1931 (Month Day Year)

8. FATHER

Full name Robert Lyman Baird

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 35 (Years)

12. Birthplace (city or place) Butte (State or country) Montana

13. Occupation Miner

Nature of Industry Copper

14. MOTHER

Full maiden name Mamie Gertrude Davis

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 30 (Years)

18. Birthplace (city or place) Ivanhoe (State or country) Virginia

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (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 10 15 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

424-312-442 F. F. MILLER, M.D. (Physician or midwife.)

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

Address MIAMI, ARIZONA

Registrar.

Filed Mch 20, 1931 C. E. [illegible] Registrar.