ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No. 3

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P.O. Box 1563 - Miami, Ariz

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

2. Full name of child Patsy Mae Aneas } 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 14 - 1931. Month Day Year

8. FATHER

Full name Joe Aneas

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Hawaia
(State or country) Honolulu

13. Occupation Clerk
Nature of Industry

14. MOTHER

Full maiden name Opal Henderson

15. Residence (Usual place of abode) Miami,
If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Winkleman
(State or country) Arizona

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother..... (Taken as of time of birth of child herein certified and including this child.) 2 } (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

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 born alive at 2 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 Cyril M. Crow M.D.
(Physician or ~~midwife~~)

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

Address Miami, Arizona

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

Registrar.

712-314-685