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

State File No. 133
Registered No. 73

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P.O. Box 885 - Miami -

City: Miami No. 7 Reynold's Canon St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Joseph Edward McNair Jr. (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:

6. Legitimate? Yes

7. Date of birth: Mch. 22 - 1931
Month Day Year

8. FATHER

Full name: Joseph Edward McNair

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

10. Color or race: Canc.

11. Age at last birthday: 30 (Years)

12. Birthplace (city or place): Hillsboro
(State or country): New Mex.

13. Occupation: Repair man
Nature of industry: Mining

14. MOTHER

Full maiden name: Helen W. Winkless

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

16. Color or race: Canc.

17. Age at last birthday: 21 (Years)

18. Birthplace (city or place): Davenport
(State or country): Iowa.

19. Occupation: Housewife
Nature of industry:

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.): 1
(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 born alive (Born alive or stillborn.) at 9:31 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: Cyril M. Crow M.D. (Physician or ~~midwife~~).

Address: Miami, Arizona.

Given name added from a supplemental report 149-322-862
Month, day, year

Registrar

Filed Apr 6, 19 31 [illegible] Registrar.