ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148
Registered No. 81

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 William Orvle Hearn } 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 Mar 28 1931 (Month Day Year)

8. FATHER
Full name Franklin Bautin Hearn

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 29 (Years)

12. Birthplace (city or place) Hastings
(State or country) Oklahoma

13. Occupation Crusher Foreman
Nature of Industry Copper Mine

14. MOTHER
Full maiden name Della Flora Williams

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 23 (Years)

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

19. Occupation
Nature of Industry Housewife

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 at 5:20 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 F. F. Miller
685-328-462
F. F. MILLER, M.D.
(Physician or midwife.)

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

Address MIAMI, ARIZONA

..... Registrar.

Filed Apr 1, 1931 C. E. [illegible]
Registrar.