ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 122

Registered No. 116

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village R. Route 1 - Box 148 - Miami

City Miami No. 79 Van Winkle Canon St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Earl Vernon Skeen — 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 Apr. 14 - 1931 (Month Day Year)

FATHER

8. Full name William David Skeen

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 42 (Years)

12. Birthplace (city or place) Aurora, Mo. (State or country)

13. Occupation

Nature of Industry Truckman

MOTHER

14. Full maiden name Lura Agatha Holden

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 30 (Years)

18. Birthplace (city or place) Alamogordo (State or country) New Mex.

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.) 6

(a) Born alive and now living 6

(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 at 2 30 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 Apr 20 1931 [signature] Registrar.

Registrar.

525-414-385

each in order of birth stated.