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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____

Registered No. 152

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ____ or Village P. O. Box 12 - Miami, Ariz.

City Miami No. Burch St. ____ Ward

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

2. Full name of child Henry J. Mitchell { 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 May 6 - 1931. Month Day Year

8. FATHER

Full name Frank Mitchell

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Cauc. | 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Silver City

(State or country) New Mex.

13. Occupation Pump Operator

Nature of Industry Burch Plant

14. MOTHER

Full maiden name Nevada Billingsley

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 23 (Years)

18. Birthplace (city or place) Wells

(State or country) Nevada

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.) 3

(a) Born alive and now living 3

(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 9:45 P. 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)

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

Address Miami, Arizona

Filed May 15, 1931 H. E. [illegible] Registrar

Registrar

843-506-528

order of birth stated.