168

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 208

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township Miami - Superior Highway or Village _____

City MIAMI No. Mackey Camp St. _____ Ward

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

2. Full name of child Virginia Nell Turpin (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 June 12 1931 (Month Day Year)

8. FATHER

Full name King Turpin

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 28 (Years)

12. Birthplace (city or place) Chatanooga (State or country) Tennessee

13. Occupation Miner

Nature of industry Copper

14. MOTHER

Full maiden name Nellie Mae Griggs

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 27 (Years)

18. Birthplace (city or place) Knoxville (State or country) Tennessee

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 3

(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 (Born alive ~~or stillborn~~.) at 4 20 P m. on the date above stated.

Signature F. F. Miller (Physician ~~or midwife~~).

F. F. MILLER, M. D.

Address MIAMI, ARIZONA

* 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.

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

535-612-572 Registrar

Filed July 8, 1931 C. E. Irvin Registrar