

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. P.—to case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. **111**  
 Registered No. **128**

**1. PLACE OF BIRTH**

County **Gila** State **Arizona**  
 District or Township **Globe** or Village.....  
 City..... No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. War

2. Full name of child **Edward Luther Miles** (If child is not yet named, make supplemental report, as directed)

3. Sex of Child <b>male</b>	To be answered ONLY in event of plural births. <b>L</b>	4. Twin, triplet or other..... <b>L</b>	5. Legitimate? <b>yes</b>	7. Date of birth <b>July 12, 1931</b> Month Day Year
6. No., in order of birth..... <b>L</b>				

3. FATHER  
 Full name **Thomas Luther Miles**

14. MOTHER  
 Full maiden name **Ruby Jones**

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

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

10. Color or race  
**white**

11. Age at last birthday **29** (Years)

16. Color or race  
**white**

17. Age at last birthday **28** (Years)

12. Birthplace (city or place) **Winfield, Ala.**  
 (State or country)

18. Birthplace (city or place) **Clanton, Ala.**  
 (State or country)

13. Occupation **Cager at mine**  
 Nature of Industry

19. Occupation **Housewife**  
 Nature of Industry

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

(a) Born alive and now living **one**  
 (b) Born alive but now dead **none**  
 (c) Stillborn **one**

21. Were precautions taken against opthalmia neonatorum?

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was **born alive** at **10 P.** 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 **T. C. Harper**  
 (Physician or midwife)

Given name added from **542-712-912** Address **Globe, Arizona.**  
 a supplemental report. Month, day, year

Registrar

Filed **8/7**, 1931 **H. E. Wightman** Registrar