

BE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN 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. 19-42  
 Registered No. 235

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village P.O. Box 181 - Miami, Ar  
 City Miami No. Miami Insk Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed.

2. Full name of child May Frank Watkins  
 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 July 19 - 1931  
 Month Day Year

8. FATHER  
 Full name William F. Watkins  
 9. Residence Miami, Arizona  
 (Usual place of abode)  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Della Ruby Kirk  
 15. Residence Miami, Arizona  
 (Usual place of abode)  
 If non-resident, give place and state.

10. Color or race Cauc  
 11. Age at last birthday 30 (Years)

16. Color or race Cauc  
 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Nuthrie Okla.  
 (State or country)  
 13. Occupation Timberman  
 Nature of Industry Mining

18. Birthplace (city or place) Melbourne Ark.  
 (State or country)  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother. } (a) Born alive and now living. 3  
 (b) Born alive but now dead. 0  
 (c) Stillborn \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 3:15 A.M. on the date above stated  
 (Born alive or stillborn)  
 Signature Cyril M. Cron M.D.  
 (Physician or midwife.)

\* 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 462-719-422 Address Miami, Arizona  
 a supplemental report. Month, day, year  
462-719-422 File July 31, 1931 Registrar E. G. Cron