

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **133**Registered No. **262**

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township _____ or Village _____

City MIAMI No. Miami Inspiration Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Mary Patricia Lansing { If child is not yet named, make supplemental report, as directed3. 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. Legitimater yes 7. Date of birth Aug 16 1931
Month Day Year8. FATHER
Full name Willis Green Lansing14. MOTHER
Full maiden name Nina Olivia Johnson9. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state.15. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 31 (Years)16. Color or race White 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Decorah Iowa
(State or country)18. Birthplace (city or place) Dexter New Mexico
(State or country)13. Occupation Pipe fitter
Nature of Industry Copper mine19. Occupation Housewife
Nature of Industry _____20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (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 alive at 11:45 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 F. F. MillerF. F. MILLER, M. D.
(Physician or midwife)

Given name added from a supplemental report _____

Address MIAMI, ARIZONAMonth, day, year 437-816-315
RegistrarFile sep 3 1931 C. E. Drinn
Registrar

PERSON RESERVE FOR BENDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.