—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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 105

Registered No. 283

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P.O. Box 676 - Miami Ariz

City Miami No. Miami Insp. Hospital Ward

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

2. Full name of child George Nollner Hoover (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 Sept. 1 - 1931 (Month Day Year)

FATHER	MOTHER
8. Full name Buford M. Hoover	14. Full maiden name Jeanie M. Robertson
9. Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona	15. Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona
10. Color or race Cauc. 11. Age at last birthday 26 (Years)	16. Color or race Cauc. 17. Age at last birthday 27 (Years)
12. Birthplace (city or place) Alba (State or country) Mo.	18. Birthplace (city or place) Airdrie (State or country) Scotland
13. Occupation Hoisting Engineer Nature of industry Miami Copper Co.	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.) 1
(a) Born alive and now living 1
(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 4 A. 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 789-901-195 (Month, day, year)

Address Miami, Arizona

Filed oct 2, 1931 C. E. Irvin Registrar

✓ Registrar