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

State File No. 125
Registered No. 226

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P.O. Box 894 - Miami

City: Miami No. 619 Glass Canon St. Ward

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

2. Full name of child: Mathew Richard Townsend { 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. 9 - 1931 (Month, Day, Year)

FATHER	MOTHER
8. Full name: Mathew E. Townsend	14. Full maiden name: Barbara A. Peters
9. Residence (Usual place of abode): Miami	15. Residence (Usual place of abode): Miami
If non-resident, give place and state: Arizona	If non-resident, give place and state: Arizona
10. Color or race: Canc.	16. Color or race: Canc.
11. Age at last birthday: 25 (Years)	17. Age at last birthday: 20 (Years)
12. Birthplace (city or place): Durango, Colo. (State or country)	18. Birthplace (city or place): Cleveland Ohio (State or country)
13. Occupation / Nature of Industry: Miner	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.): 2
(a) Born alive and now living: 1
(b) Born alive but now dead:
(c) Stillborn: 1

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 stillborn (Born alive or stillborn) at 7 P. 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 434-909-272 (Month, day, year)

Address: Miami, Arizona

Filed Oct 2, 1931 C. E. [illegible] Registrar

Registrar

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD