ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 82

Registered No. 523

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Miami Inspiration Hospital St. ..... Ward

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

2. Full name of child Mary Lou Whittington { If child is not yet named, make supplemental report, as directed.

3. 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. Legitimate? Yes | 7. Date of birth Oct 4 1931 (Month Day Year)

8. FATHER

Full name Howard Sebastian Whittington

9. Residence (Usual place of abode) 3070-B Altarest Ave Miami, Arizona

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Douglas

(State or country) Arizona

13. Occupation Miner

Nature of industry Copper

14. MOTHER

Full maiden name Mary Glenn Carlos

15. Residence (Usual place of abode) 3070-B Altarest Ave

If non-resident, give place and state. Miami Ariz

16. Color or race White

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Alamogordo

(State or country) New Mexico

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 1

(Taken as of time of birth of child herein certified and including this child.)

(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 alive at 2:45 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. Miller

MD

(Physician ~~or midwife~~)

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

465-1004-432

Registrar

Filed Nov 2, 1931 E. E. Irvin

Registrar

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.