STATE OF ARIZ

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 97

Registered No. 413.

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 Siniaho * (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 Dec 12 1931 (Month Day Year)

8. FATHER — Full name Paul Arvid Siniaho

9. Residence (Usual place of abode) MIAMI, ARIZONA — If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 40 (Years)

12. Birthplace (city or place) ..... (State or country) Finland

13. Occupation Carpenter Shop Foreman — Nature of industry Copper mine

14. MOTHER — Full maiden name Olga Mary Erkkila

15. Residence (Usual place of abode) MIAMI, ARIZONA — If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 41 (Years)

18. Birthplace (city or place) ..... (State or country) Finland

19. Occupation Housewife — Nature of industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 1
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? ——

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 7:30 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 F. F. Miller

F. F. MILLER, M. D. (Physician or midwife).

Address MIAMI, ARIZONA

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

026-1212-651 Registrar

Filed Jan 6, 1932 Charles E. Irvine Registrar

N. B.—In case of more than one child at a birth, a [illegible] order of birth stated.