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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 12

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 Donna Mae Brown {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 Jan 9 1932 (Month Day Year)

8. FATHER

Full name John Harold Brown

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 21 (Years)

12. Birthplace (city or place) Silsbee

(State or country) Texas

13. Occupation Miner (not working)

Nature of Industry Copper

14. MOTHER

Full maiden name Ruby Eloise Wales

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 18 (Years)

18. Birthplace (city or place) Stanbeaugh

(State or country) Michigan

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 (Born alive ~~or stillborn~~) at 7 59 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 F. F. Miller

F. F. MILLER, M. D.

(Physician or midwife).

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

Address MIAMI, ARIZONA

425-109-962 Registrar

Filed Feb 2, 1933. C. E. Craig