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

State File No. _____
Registered No. 13

1. PLACE OF BIRTH

County Yuma State ARIZONA
District or Township Lower Miami or Village _____
City MIAMI No. San Winkle Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Lee Medow (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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Jan 16 1932
Month Day Year

8. FATHER
Full name Thomas Medow

14. MOTHER
Full maiden name Agal Marie Long

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

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

10. Color or race White
11. Age at last birthday 31 (Years)

16. Color or race White
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Joplin Missouri
(State or country)

18. Birthplace (city or place) Galena Kansas
(State or country)

13. Occupation Miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 5
(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 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 7:45 P m. on the date above stated.
(Born alive or stillborn)

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

Given name added from 246-116-637 Address MIAMI, ARIZONA
a supplemental report. Month, day, year

Filed Feb. 2, 1932 Registrar C. E. Irvine
Registrar