

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1049
Registered No. 50

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Lime Oak Hill
City Miami No. Miami - Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Timothy Edward Elmer } 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. } yes
5. No., in order of birth. } _____ 6. Legitimate? } yes 7. Date of birth Feb. 6 - 1932
Month Day Year

8. FATHER
Full name Timothy Eli Elmer

14. MOTHER
Full maiden name Catherine Whitmer

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 Cauc. 11. Age at last birthday 25 (Years)

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Hevi Utah
(State or country)

18. Birthplace (city or place) Safford Arizona
(State or country)

19. Occupation
Nature of Industry Mining

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother } (a) Born alive and now living. } 2
(Taken as of time of birth of child heretofore certified and including this child.) } (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 born alive at 11:30 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 Cyril M. Brown

Given name added from a supplemental report. _____ Address Miami, Arizona (Physician or midwife.)

Month, day, year _____ File No. Mebr 19 32 Registrar H. E. Elmer

359-206-369

PRINTED AND RESERVED FOR BINDING
 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.