ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 100

Registered No. 63

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 21 - Miami -

City Miami No. 19 Hill St. St. ..... Ward

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

2. Full name of child ..... (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 March 3 - 1932 (Month Day Year)

FATHER	MOTHER
8. Full name George Edward Hall	14. Full maiden name Pearl J. Tunnelle
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 37 (Years)	16. Color or race Cauc. 17. Age at last birthday 24 (Years)
12. Birthplace (city or place) Livingston Canada (State or country)	18. Birthplace (city or place) Springfield Mo. (State or country)
13. Occupation Nature of industry Auto trimmer	19. Occupation Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 2

(a) Born alive and now living 2

(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 (Born alive or stillborn.) at 8:20 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 Cyril M. Crow M.D. (Physician or midwife).

Address Miami, Arizona

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

083-303-735 Registrar

Filed Mch 11, 1932 D. E. Irwin Registrar

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.