

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

State File No. **103**
 Registered No. **100**

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Marion Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nancy La Rue Middaugh { 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. Legitimacy yes
 6. No., in order of birth _____
 7. Date of birth Apr. 16 - 1932
 Month Day Year

8. FATHER
 Full name Harry Raymond Middaugh
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Mary E. Mc Nair
 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 22 (Years)

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

12. Birthplace (city or place) Cameron Mo.
 (State or country)

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

13. Occupation
 Nature of Industry Miner

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 _____

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 4:40 A. M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Cron M.D.
* 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.
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Filed May 4 1932 C. E. Drain
 Registrar

516 - 416 - 449

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.