ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 251
Registered No. 126

County Maricopa State Arizona

Township ..... or Village .....

City City Mesa No. ..... St. ..... War

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

2. Full name of child Mogene Miller (StillBorn) (If child is not yet named, mal supplemental report, as direct

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth April 13, 1932, 19.. (Month, day, year)

FATHER	MOTHER
9. Full name H. N. Miller	18. Full maiden name Ida O. Messinger
10. Residence (usual place of abode) (If non-resident, give place and State) Mesa Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State) Mesa, Ariz.
11. Color or race White	20. Color or race White
12. Age at last birthday 23 (Years)	21. Age at last birthday 22 (Year
13. Birthplace (city or place) Mesa (State or country) Arizona	22. Birthplace (city or place) Mesa (State or country) Arizona
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 4/12/32, 19..	25. Date (month and year) last engaged in this work 4/12/32, 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead ..... (c) Stillborn 1

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 1:30 A. m. on the date above sta

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report 449-413-949 (Date of)

(Signed) Melvin Lloyd Kent, M.

or ..... Midw

Address Mesa, Ariz.

Filed May 9, 1932 Jess Mildren Registrar

Registrar.

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.