

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

State File No. 112
 Registered No. 109

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Hosp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Vincent Emmet Loose (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 _____ 5. No. in order of birth _____
 6. Legitimate? yes 7. Date of birth May 3 - 1932
Month Day Year

8. FATHER
 Full name Vincent Otto Loose

14. MOTHER
 Full maiden name Nancy Creighton

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 W
Cauc. 11. Age at last birthday 34 (Years)

16. Color or race W
Cauc. 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Marble Falls Texas
 (State or country)

18. Birthplace (city or place) Butte Montana
 (State or country)

13. Occupation
 Nature of Industry Merchant

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.)
 (a) Born alive and now living 1
 (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 _____ 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 M.D. (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filled May 10, 1932 Registrar H. E. Dorn

Registrar

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.

525-503-535