

MARGIN RESERVED FOR BENDING
 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.

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

State File No. **118**
 Registered No. **109**

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

2. Full name of child Emma Miller
(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 Sept 23, 1932
Month Day Year

8. FATHER
 Full name Theodore E. Miller

14. MOTHER
 Full maiden name Nellie Aguirre

9. Residence (Usual place of abode)
Globe Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode)
Globe Arizona
If non-resident, give place and state.

10. Color or race
White

11. Age at last birthday 50 (Years)

16. Color or race
White

17. Age at last birthday 30 (Years)

12. Birthplace (city or place)
Marquette Michigan
(State or country)

18. Birthplace (city or place)
Mexico
(State or country)

13. Occupation
 Nature of industry Mechanic

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3
 (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 Aline at 9:57 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 H. E. Wightman M.D.

Address Globe Arizona
(Physician or midwife.)

Given name added from a supplemental report _____
 Month, day, year 549-923-515
 Registrar

Filed 10/6 1932 H. E. Wightman M.D.
 Registrar