

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. 115
Registered No. 199

1. PLACE OF BIRTH

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

2. Full name of child Diann Louise Smith (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term? t 7. Legiti- mate? t 8. Date of birth Sept 25, 1932 (Month/day, year)

9. Full name Mark Smith FATHER

18. Full maiden name Margaret Myrtle Heren MOTHER

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz

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11. Color or race Cauc 20. Color or race Cauc

21. Age at last birthday 27 (Years) 22. Age at last birthday 23 (Years)

13. Birthplace (city or place) Treadwell (State or country) Alaska

22. Birthplace (city or place) Shullsburg Wis (State or country) Wisconsin

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

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. mining

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 Sept 25, 1932

25. Date (month and year) last engaged in this work _____ 19____ 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 4 (b) Born alive but now dead none Stillborn none

28. If stillborn, period of gestation _____ { no months { or weeks } 29. Cause of stillbirth none Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 a 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.

(Signed) Louise M. Brown, M. D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife

428-925-425 (Date of) _____

Address Miami, Arizona
Filed Oct 6, 1932 C. E. Griffin Registrar.

Registrar.