ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 88-W

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. Van Winkle Canon St. Ward

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

2. Full name of child Dan Keith Merrell (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 5 | 6. Legitimate yes | 7. Date of birth Feb. 28 1933 (Month Day Year)

8. FATHER

Full name Vern Clark Merrell

9. Residence (Usual place of abode) 22 Van Winkle Canon

If non-resident, give place and state. Miami Ariz

10. Color or race Caucas | 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Chihuahua (State or country) Mexico

13. Occupation Letter carrier

Nature of Industry Post office Dept

14. MOTHER

Full maiden name Catherine Mortensen

15. Residence (Usual place of abode) Miami Arizona

If non-resident, give place and state.

16. Color or race Caucas | 17. Age at last birthday 32 (Years)

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

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead no (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 5:30 P.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 C. M. Cron M.D.

Miami Arizona (Physician or midwife)

Given name added from a supplemental report Month, day, year

Address

443-225-349 Registrar.

Filed 6/1 1933 C. T. Brewer Registrar.

N. B.—In case more than one child at a birth, a SEPARATE RETURN must be made for each each in order of birth stated.

MUST PLAINLY WITH UNFADING — THIS IS A PERMANENT RECORD