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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Warrior Canon St. _____ Ward

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

2. Full name of child Verdell R. Mitchell (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 4

6. Legitimate yes.

7. Date of birth April 12-33 (Month Day Year)

8. FATHER

Full name Frank Mitchell

9. Residence (Usual place of abode) Geronimo Arizona

If non-resident, give place and state.

10. Color or race Caucas.

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Silvercity N.M. (State or country)

13. Occupation Farmer.

Nature of Industry Farming

14. MOTHER

Full maiden name Nevada Billingsley

15. Residence (Usual place of abode) Geronimo Arizona

If non-resident, give place and state.

16. Color or race Caucas

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Wells (State or country) Nevada

19. Occupation Housewife.

Nature of Industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead _____

(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 7 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 Cyril M. Cron M.D. (Physician or midwife)

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

Address Miami Arizona

Registrar.

Filed 5/2, 1933 C. T. Griffiths Registrar.

S113-412-528