ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 85 d

Registered No. _____

Arizona _____

1. PLACE OF BIRTH

County Gila State Arizona

Township _____ or Village _____

City Miami No. _____ St. Marion Canon Ward

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

2. Full name of child Merrill

(If child is not yet named, make supplemental report, as directed)

3. Sex Male | Plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Twin Full Aro | 7. Legitimate? Yes | 8. Date of birth Sept 17, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Delbert Merrill	18. Full maiden name Elvira McNair
10. Residence (usual place of abode) (If non-resident, give place and State) Miami	19. Residence (usual place of abode) (If non-resident, give place and State) Miami
11. Color or race White	20. Color or race White
12. Age at last birthday 24 (Years)	21. Age at last birthday 23 (Years)
13. Birthplace (city or place) (State or country) Peña Arizona	22. Birthplace (city or place) (State or country) Uvalde Texas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Co.	OCCUPATION 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.	24. Industry or business in which work was done, as dressmaking, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work _____	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 _____ (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation 6 months or weeks | 29. Cause of stillbirth Unknown | Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Live born or stillborn) at 3 P m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Aaron D Brayton, M. D.

or _____

Address Miami, Ariz.

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

Filed Sept 17, 1933 A D Brayton Registrar.

Registrar.

IOM 2-8-38 MS-C871

643-917-549

Warning: Forbidden to write upon this side except in case of twin or 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.

N. B.—In case of twin, WRITE UNFADING INK—TWIN IS A PERMANENT RECORD