# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 514
Registered No. 86

1. PLACE OF BIRTH
County: Yavapai State: Arizona
Township: or Village:
City: Jerome No.: United Verde Hospital St.: Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Miles Gary Fisher
(If child is not yet named, make supplemental report, as directed)

3. Sex: M
If plural births: 4. Twin, triplet or other: 5. Number, in order of birth:
6. Premature: Full term: ✓
7. Legitimate? Yes
8. Date of birth: June 27, 1934 (Month, day, year)

FATHER

9. Full name: Miles Fisher
10. Residence (usual place of abode) (If nonresident, give place and State): Jerome, Ariz
11. Color or race: W
12. Age at last birthday: 35 (Years)
13. Birthplace (city or place) (State or country): Arizona
OCCUPATION
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Copper mine
16. Date (month and year) last engaged in this work: now engaged
17. Total time (years) spent in this work: 15 yrs

MOTHER

18. Full maiden name: Fredricka Hawkins
19. Residence (usual place of abode) (If nonresident, give place and State): Jerome, Arizona
20. Color or race: W
21. Age at last birthday: 20 (Years)
22. Birthplace (city or place) (State or country): San Antonio Texas
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: now engaged
26. Total time (years) spent in this work: 5 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. If stillborn, period of gestation: months or weeks
29. Cause of stillbirth: 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 (Born alive or stillborn) at 7:15 A. m. on the date above stated

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

(Signed) Merrill S. Gale, M. D.
or ..., Midwife
Address Jerome, Arizona

Given name added from a supplemental report 1-169-627-682 (Date of)

Filed June 30, 1934 M. Hoy, Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
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.