158

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 11
Arizona _____

1. PLACE OF BIRTH

County Gila State Arizona

Township _____ or Village _____

City Miami No. 403 1/2 Indian Ave. St. _____ Ward

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

2. Full name of child Delberta Dean Merrill (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 _____

7. Legitimate? Yes

8. Date of birth Jan. 26, 1935 (Month, day, year)

FATHER

9. Full name Delbert Merrill

10. Residence (usual place of abode) (If non-resident, give place and State) Miami, Arizona.

11. Color or race Cauc.

12. Age at last birthday 25 (Years)

13. Birthplace (city or place) (State or country) Glenbar, Arizona.

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Alvera McNair

19. Residence (usual place of abode) (If non-resident, give place and State) Miami, Arizona.

20. Color or race Cauc.

21. Age at last birthday 24 (Years)

22. Birthplace (city or place) (State or country) Uvalde, Texas.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

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 I (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 3.30 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) Cyril M. Crow M.D. M. D.

or _____ Midwife.

Address Miami, Arizona.

Filed Feb. 6, 1935 C. M. Crow Registrar.

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

_____ Registrar.

10M 2-8-33 M8-47971

WHS — 126 — 149