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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 358

Registered No.

1. PLACE OF BIRTH

County Graham State ARIZONA

Township Pima or Village Pima

City ..... No. ..... St. ..... Ward

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

2. Full name of child Hazel Mary Miller { If child is not yet named, make supplemental report, as directed

3. Sex Girl | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 4 | 6. Premature ..... Full term yes | 7. Is mother married? yes | 8. Date of birth 12-31-, 1935 (Month, day, year)

FATHER	MOTHER
9. Full name Joseph A Miller	18. Full maiden name Gladys Phipps
10. Residence (usual place of abode) (If non-resident, give place and State) Bruce	19. Residence (usual place of abode) (If non-resident, give place and State) Bruce
11. Color or race White 12. Age at last birthday 27 (Years)	20. Color or race White 21. Age at last birthday 24 (Years)
13. Birthplace (city or place) ..... (State or country) MO	22. Birthplace (city or place) ..... (State or country) MO
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hsw
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 own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	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 4 (b) Born alive but now dead — (c) Stillborn —

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 or stillborn) at 5 a m. on the date above stated

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

Given name added from a supplemental report 849-1231-722 (Date of)

..... Registrar.

(Signed) W E Platt, M. D.

or ....., Midwife

Address Lafayette

Filed January 7, 1936 J. W. Shatton Registrar.

By O. H. Lopez

10M 2-5-35 Form No. 2 MS

in order of birth stated.