PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

State Index No. 190

Co. Register No. 71

Local Registrar's No.

(No. (no. number) Church Hill St; Ward)

FULL NAME OF CHILD Beryl Wanda Tibbens

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child Female | Twin, Triplet or other and Number in order of birth | Legitimate? yes | Date of Birth Jan. 23. 1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	George Hugh Tibbens	Full Maiden Name	Ora Irene Spivy
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	40 (Years)	Age at last Birthday	33 (Years)
Birthplace	Pennsylvania	Birthplace	Texas
Occupation	Carpenter	Occupation	Housewife

Number of child of this mother 1 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan. 23. 1920, at 2:20 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) F. F. Miller M.D.
(Attending physician, ~~midwife, householder.*~~)

Address Miami, Ariz.

Given or Christian name added from a supplemental report 191

Filed 1/30/1920 T H Slaughter
LOCAL REGISTRAR.

232-123-628
COUNTY REGISTRAR.

Filed Feb 1 1920.

A True Copy B. G. Fox
COUNTY REGISTRAR.