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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 190

Co. Registrar's No. 309

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Horace Milton Hill | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
Male			1	yes	May	31	1920

FATHER		MOTHER	
Full Name	Eugene C. Hill	Full Maiden Name	Zoma Lee Cooper
Residence	Miami, Ariz.	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	27 Years	Age at last Birthday	23 Years
Birthplace	Eastland, Texas	Birthplace	Pearl, Texas
Occupation	Watchman	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 May 31, 1920 at 4 A.M.

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

Signature Cyril M. Cron M.W.
Attending physician, ~~midwife, householder~~.*

Address Miami, Ariz.

Given or Christian name added from a supplemental report _____ 191__

Filed 5/31 1920 — T H Slaughter, LOCAL REGISTRAR.

883-531-939
COUNTY REGISTRAR.

Filed 6-7 1920 — A True Copy — B. G. Fox, COUNTY REGISTRAR.