

209

PLACE OF BIRTH

County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 35

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 107

Miami-Inspiration Hospital.

Local Registrar's No. \_\_\_\_\_

(No. Miami, Arizona St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Steve Born

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

{ Born }   
{ Alive }  NO

Sex of Child Male. Twin, Triplet or other } and { Number in order of birth 1 Legitimate? Yes Date of Birth 2/17/21 192 (Month) (Day) (Yr.)

FATHER  
Full Name Jacob F. Hoffman.  
Residence Inspiration.  
Color or Race Cau. Age at last Birthday 36 (Years)  
Birthplace Mississippi.  
Occupation Bookkeeper.

MOTHER  
Full Maiden Name Emma Absher  
Residence Inspiration  
Color or Race Cau. Age at last Birthday 34 (Years)  
Birthplace Illinois.  
Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 0 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

AM

I hereby certify that I attended the birth of the above child; and that it occurred on 2/17/21 192, at 2 M.

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

(Signature) G. A. Paige  
(Attending physician, midwife, householder. \*)

Given or Christian name added from a

Address Miami

supplemental report \_\_\_\_\_ 192

Filed Feb 28 1921

B. W. Hardy M.D.  
LOCAL REGISTRAR.

085-217-579  
COUNTY REGISTRAR.

Filed Mar 7 1921 A True Copy

B. G. Jof  
COUNTY REGISTRAR.