

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 199  
Co. Registrar No. 170  
Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Darell \*D. Cluff } If child is not yet named, make supplemental report, as directed

3. Sex of child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ No. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth March 12, 1923 (Month, day, year)

8. FATHER Full name Clarence Leo Cluff  
9. Residence Miami, Arizona (Usual place of abode) If nonresident, give place and State  
10. Color or race White  
11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Pima, Arizona (State or country)  
13. Occupation Salvator for Fruit Co. Nature of Industry

14. MOTHER Full maiden name Opal Webb  
15. Residence Miami, Arizona (Usual place of abode) If nonresident, give place and State  
16. Color or race White  
17. Age at last birthday 20 (Years)  
18. Birthplace (city or place) Pima (State or country)  
19. Occupation Housewife Nature of Industry

20. Number of children of this mother taken as of time of birth of child here-in certified and including this child. } (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:45 P. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. J. Miller (Physician or midwife)  
Address Miami, Arizona

Given supplemental report \_\_\_\_\_ Filed March 31, 1923 P. E. Brown Local Registrar.  
at \_\_\_\_\_ Filed 4-5-23 B. B. Fox County Registrar.

\* Just the initial "D"; no middle name