

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Yuma
 District of _____
 City of Miami
 Name of _____
 Street of _____
 No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
Miami-Insipiation Hospital

State Index No. 180
 Co. Registrar No. 200
 Local Registrar No. _____

Full name of child Patricia May Smith } If child is not yet named, make supplemental report, as directed

Sex of child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth April March 26 1923 (Month, day, year)

5. No., in order of birth _____

FATHER		MOTHER	
1. Full name <u>Joseph Smith</u>		14. Full maiden name <u>Josephine Mary Baselt</u>	
2. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and State	
3. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>41</u> (Years)		17. Age at last birthday <u>35</u> (Years)	
18. Birthplace (city or place) <u>Iowa</u> (State or country)		18. Birthplace (city or place) <u>Minnesota</u> (State or country)	
19. Occupation <u>Mill foreman (Copper ore Concentrator)</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
Number of children of this mother born as of time of birth of child here-certified and including this child. } (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:30 a.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
 Filed Mar 31, 1923 O. E. Dyer
 Filed 4-5, 1923 O. E.
 Registrar. 728-326-103