

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, with the number of each, in order of birth stated.

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

PLACE OF BIRTH Gila

1. County of Gila State Index No. 140
District of _____ County Registrar No. 635
Town of Miami or _____ Local Registrar No. _____
City of _____ No. Miami-Insiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruth Myrtle Mc Miller If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Sept. 18, 1923
Month Day Year

<p>FATHER</p> <p>8. Full name <u>Karl Benton Mc Miller</u></p> <p>9. Residence (Usual place of abode) <u>Globe, Arizona</u> If nonresident, give place and state</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>30</u> (Years)</p> <p>12. Birthplace (city or place) <u>South Greenfield</u> (State or country) <u>Missouri</u></p> <p>13. Occupation <u>Clerk in Concentration</u> Nature of industry <u>Copper Mining</u></p> <p>20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u></p>		<p>MOTHER</p> <p>14. Full maiden name <u>Francis Josephine Darhofer</u></p> <p>15. Residence (Usual place of abode) <u>Globe, Arizona</u> If nonresident, give place and state</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>26</u> (Years)</p> <p>18. Birthplace (city or place) <u>Butte</u> (State or country) <u>Montana</u></p> <p>19. Occupation <u>Housewife</u> Nature of industry _____</p> <p>21. Were precautions taken against ophthalmia neonatorum? <u>yes</u></p>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:20 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
Filed Oct 31, 1923 Local Registrar. C. E. J. J. J.
Filed 11-6, 1923 County Registrar. J. J. J.

Registrar. _____

945-918-649