

236

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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  
1. County of Dila  
District of \_\_\_\_\_  
Town of miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

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

2. Full name of child Robert Cronin Stille 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 \_\_\_\_\_ 6. Legitimate? Yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth December 30 1923  
Month Day Year

8. FATHER Full name <u>Jack Wilkinson Stille</u>	14. MOTHER Full maiden name <u>Lillian Elizabeth Cronin</u>
9. 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
10. Color or race <u>White</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>22</u> (Years)	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Tucson</u> (State or country) <u>Arizona</u>	18. Birthplace (city or place) <u>Yuma,</u> (State or country) <u>Arizona</u>
13. Occupation <u>Mining engineer</u> Nature of industry <u>Copper</u>	19. Occupation <u>Housewife</u> Nature of industry _____
20. Number of children of this mother (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 10:06 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 [Signature] (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed Jan 31 1924 C. E. Jones Local Registrar.  
Filed 2/3 1924 B. J. J. County Registrar.

923-1230-335