

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

1. County of Cila State Index No. 111
 District of _____ County Registrar No. 783
 Town of Miami Local Registrar No. _____
 or _____
 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 Cuff } 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 _____ } 5. No., in order of birth _____ } 6. Legitimate? Yes } 7. Date of birth Oct 3, 1924
 Month day year

8. FATHER Full name <u>Jim * D. Cuff</u>	14. MOTHER Full maiden name <u>Myrtle Mary Sutton</u>
9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami, Ariz.</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>27</u> (Years)	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Ottawa, Kansas</u> (State or country)	18. Birthplace (city or place) <u>Missouri</u> (State or country)
13. Occupation <u>Blacksmith</u> Nature of industry <u>Copper ore milling</u>	19. Occupation <u>Housewife</u> Nature of industry _____
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>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	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 11 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 evidences of life after birth.

Signature J. J. Miller (Physician or midwife)
 Address Miami, Ariz.
 Filed Oct 31, 1924 Local Registrar C. E. Davis
 Filed 11-5, 1924 County Registrar B. G. Fox

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. 036-1003-425

N. 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.

* Has no middle name; just an initial "D"