

## PLACE OF BIRTH

1. County of Ariz

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 162-A

County Registrar No. \_\_\_\_\_

Local Registrar No. 132. Full name of child Velma Eugene Smith (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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 2 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Apr. 12 - 1925  
Month Day Year8. FATHER  
Full name Irvin Anthony Smith14. MOTHER  
Full maiden name Violet Cleonor Tuttle9. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.15. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.10. Color or race Cauc. 11. Age at last birthday 23 (Years)16. Color or race Cauc. 17. Age at last birthday 19 (Years)12. Birthplace (city or place) La Plata, New Mex.  
(State or country)18. Birthplace (city or place) Herrville, Texas  
(State or country)13. Occupation  
Nature of industry miner19. Occupation  
Nature of industry Housewife20. 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 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 217 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 Cyril M. Brown, M.D. (Physician or midwife)Address Miami, Ariz.Given name added from a supplemental report  
Month, day, yearFiled April 19, 1925 C. E. Irvin Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

528.412-535