

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

State File No. 196
 Registered No. 148

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Robert Vernon Foote
 (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 male To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth 2
 6. Legitimate? yes
 7. Date of birth June 25, 1925
 Month Day Year

8. FATHER
 Full name George Vernon Foote
 9. Residence (Usual place of abode) Phoenix, Ariz.
 If non-resident, give place and state.

10. Color or race Cauc.
 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Safford, Ariz.
 (State or country)

13. Occupation
 Nature of Industry Acetylene Welder

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 2
 (b) Born alive but now dead _____
 (c) Stillborn _____

14. MOTHER
 Full maiden name Edna Elizabeth Jwin

15. Residence (Usual place of abode) Phoenix, Ariz.
 If non-resident, give place and state.

16. Color or race Cauc.
 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Safford, Arizona
 (State or country)

19. Occupation
 Nature of Industry Housewife

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 11 P. m. on the date above stated
 (Born alive or stillborn.)

Signature Eyril M. Brown, M.D.
Physician
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Ariz.

Month, day, year _____
 Filled July 2, 1925 C. E. Jwin
 Registrar

WRITE MAINLY 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, and the number of each in order of birth stated.
 AGAIN RESERVED FOR BINDING

965-625-535