

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 145  
Registered No. 198

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City Miami No. Van Winkle Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

James Alonzo Hudson

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**

1

**6. Legitimate?**

yes

**7. Date**

August 7, 1925  
Month Day Year

**8. FATHER**

**Full name**

James Alonzo Hudson

**14. MOTHER**

**Full maiden name**

Marques Jean Murray

**9. Residence**

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

**15. Residence**

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

**10. Color or race**

white

**11. Age at last birthday** 21 (Years)

**16. Color or race**

white

**17. Age at last birthday** 19 (Years)

**12. Birthplace (city or place)**

(State or country)

Reserve  
New Mexico

**18. Birthplace (city or place)**

(State or country)

Scotland

**13. Occupation**

Nature of industry

Truck Driver (motor)  
Hauling

**19. Occupation**

Nature of industry

Housewife

**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 0

(c) Stillborn 0

**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 alive at 12:45 a m. on the date above stated  
(Born alive or stillborn.)

**Signature**

J. J. Miller  
M.D.

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

**Address**

Miami, Arizona

Filed Aug 11, 1925

P. E. Davis

Registrar

Registrar

185-807-448

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, and the number of each in order of birth stated.