

WITH UN... INK... PERMANENT RECORD
 N. B.—In case of... one child at a birth, a SEPARATE RETURN must be made for each, and the number... order of birth stated.

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

State File No. 137
 Registered No. 297

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Insipiate Hospital Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard Leon Bivin
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 2, 1925</u> Month Day Year
		5. No., in order of birth _____	_____	

8. FATHER
 Full name Leon Andrew Bivin

14. MOTHER
 Full maiden name Frances Pauline Bush

9. Residence
 (Usual place of abode) Hayden, Arizona
 If non-resident, give place and state.

15. Residence
 (Usual place of abode) Hayden, 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 18 (Years)

12. Birthplace (city or place)
 (State or country) Missouri

18. Birthplace (city or place)
 (State or country) French Lick Indiana

13. Occupation Asst engineer power house
 Nature of industry Copper smelter

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 <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:45 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 J. J. Miller

 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____

Address Miami, Arizona
 Filed Oct 12, 1925
C. E. Divil
 Registrar

925-1002-628