

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

State File No. 153
Registered No. 366

1. PLACE OF BIRTH

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

2. Full name of child

Eugenia Patrick Hart (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. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Nov 8 1925
Month Day Year

8. FATHER
Full name Eugene Elton Hart

14. MOTHER
Full maiden name Beryl Mary Carnes

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

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 40 (Years)

16. Color or race White 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) _____
(State or country) Ohio

18. Birthplace (city or place) _____
(State or country) Indiana

13. Occupation Assist master mechanic
Nature of Industry Copper mine

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (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 alive at 8:20 a.m. on the date above stated
(Born alive or stillborn)

Signature J. J. Miller
MD
(Physician or midwife)

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year _____ Filed Nov 27, 1925 C. G. Dinn
Registrar Registrar

583-1108-732

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.