

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Yuma
District of Rice
Town of Rice
or _____
City of _____ No. _____ St. _____ Ward _____

2. Full name of child Maud Miller
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. _____ 5. No., in order of birth. yes 6. Legitimate? _____ 7. Date of birth 10 24 26
Month day year

8. FATHER
Full name Harry Miller
9. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state _____
10. Color or race 1/4 Indian
11. Age at last birthday 38 (Years)

14. MOTHER
Full maiden name Rosa Rusley
15. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state _____
16. Color or race 1/4 Indian
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Rice Ariz
(State or country) _____
13. Occupation Common Laborer
Nature of industry _____

18. Birthplace (city or place) Rice Ariz
(State or country) _____
19. Occupation Housewife
Nature of industry _____

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 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 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 evidences of life after birth.
Given name added from supplemental report _____
Month, day, year. _____
Signature R. H. Sawyer M.D. (Physician or midwife)
Address Rice Ariz
Local Registrar. R. H. Sawyer

Filed _____, 19____
Registrar. _____ Filed _____, 19____
County Registrar.

449-1024-398

If 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.