

PLACE OF BIRTH

1. County of Pima
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
 County Registrar No. _____
 Local Registrar No. 958

2. Full name of child Billie Mae Brown (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 Dec 9 1926 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 Month Day Year

8. FATHER
 Full name Hubert Mull Brown

14. MOTHER
 Full maiden name Grace Foote

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 28 (Years)

16. Color or race white 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Sabetha
 (State or country) Kansas

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

13. Occupation Civil engineer
 Nature of industry Highway Construction

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 6
 (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 7:50 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)

Address Miami, Arizona

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

Filed Jan 5 1927 C. E. Drim
 Local Registrar.

Registrar _____ Filed _____ 19____ County Registrar.

225-1209-765

WRITE ONLY WITH UNFADING INK—THIS IS A FEDERAL SEPARATE RETURN must be made for each, and the number of each in order of birth stated.