

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 165-County Registrar No. 982

Local Registrar No. \_\_\_\_\_

No. Miami Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Aletha Jewell Foster { 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. 17, 1926  
Month Day Year8. FATHER  
Full name Melvin Edward Foster9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.10. Color or race Cauc. 11. Age at last birthday 26 (Years)12. Birthplace (city or place) Leavenworth, Kansas  
(State or country)13. Occupation Shift boss  
Nature of industry mining14. MOTHER  
Full maiden name Sofia Vigil15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.16. Color or race Cauc. 17. Age at last birthday 19 (Years)18. Birthplace (city or place) Albuquerque, New Mex.  
(State or country)19. Occupation Housewife  
Nature of industry20. 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 1  
(b) Born alive but now dead \_\_\_\_\_  
(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 born at 4:25 A. 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 Cyril M. Baron M.D. (Physician or midwife)  
Address Miami, ArizonaGiven name added from a supplemental report. Month, day, year \_\_\_\_\_ Filed Jan 7, 1927 Lo. E. Finig Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

169-1217-253