ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 132-b

Registered No. 233

1. PLACE OF BIRTH

County: Gila

State: Arizona

District or Township:

City: Miami

or Village:

No. Miami Insp. Hospital St.,

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward

Full name of child: (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: Jan. 18 1922 (Month Day Year)

FATHER

8. Full name: Emer Mack Plumb

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Canc

11. Age at last birthday: 47 (Years)

12. Birthplace (city or place): St. Johns

(State or country): Ariz.

13. Occupation: Time keeper

Nature of industry: Insp. Con. Copper Co

MOTHER

14. Full maiden name: Overta Kate Green

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Canc

17. Age at last birthday: 38 (Years)

18. Birthplace (city or place): Vance

(State or country): Virginia

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: 4

(b) Born alive but now dead: 5

(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 stillborn (Born alive or stillborn) at 11 P. m. on the date above stated.

* 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. Cron M.D.

Physician (Physician or ~~midwife~~).

Given name added from supplemental report

Address: Miami, Arizona.

Month, day, year

072-118-675

Registrar.

Filed June 11, 1928

L. E. Finn

Registrar.

REC

FEB

Ans.