

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of 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.

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

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Insp. Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Baby Smith (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 Feb 7 - 1928
 Month Day Year

8. FATHER
 Full name Alfred A. Smith

14. MOTHER
 Full maiden name Thelma May Eaker

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

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

10. Color or race Cauc. 11. Age at last birthday 24 (Years)

16. Color or race Cauc. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Durango, Colo.
 (State or country)

18. Birthplace (city or place) Lincoln Co. New Mex.
 (State or country)

13. Occupation
 Nature of industry Mining

19. Occupation
 Nature of industry Housewife

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 0
 (b) Born alive but now dead 0
 (c) Stillborn 1

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 at 10 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 evidence of life after birth.

Signature Cyril M. Brown M.D. (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filled July 10, 1928 Registrar C. E. Jinn

028-207-359