

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 183
Registered No. 99

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 May Well Scott { 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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Mar. 2, 1928
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Willie Delmar Scott</u>		Full maiden name <u>Elsie May Downs</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
If non-resident, give place and state. _____		If non-resident, give place and state. _____	
10. Color or race <u>Cauc.</u>		16. Color or race <u>Cauc.</u>	
11. Age at last birthday <u>25</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) <u>Joaquin, Texas</u>		18. Birthplace (city or place) <u>Milbourn, Okla.</u>	
(State or country) _____		(State or country) _____	
13. Occupation <u>Mine Contractor</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		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 1 at _____
(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 alive at 10:45 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 Beryl M. Brown M.D.
(Physician or midwife)

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

Month, day, year _____
Filed Mar 12, 1928 E. E. Iron
Registrar Registrar

423-302-542