

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 109

Registered No. 101

PLACE OF BIRTH

County Gila

State Arizona

District or Township Lower Miami

or Village

City Miami

No. Van Winkle Cyn

St.

Ward

2. Full name of child Charles Burdell Merrell

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

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

March 5 1928
Month Day Year

8. FATHER

Full name Vern Clark Merrell

14. MOTHER

Full maiden name Katheryn Martenson

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

white

11. Age at last birthday 31 (Years)

16. Color or race

white

17. Age at last birthday 27 (Years)

12. Birthplace (city or place)

(State or country) Mexico

18. Birthplace (city or place)

(State or country) Mexico

13. Occupation

Mail Carrier

Nature of industry

19. Occupation

Housewife

Nature of industry

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 3

(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

(Born alive or stillborn)

at 4 A. m. on the date above stated.

Signature J. J. Miller

MD

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Miami, Arizona

Registrar

Filed May 12 28

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C. E. Jarry

Registrar

343-305-245

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File