

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1600

Registered No. 182

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami Inspiration Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Doris Aileen Cunningham (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 April 26 1928
 Month Day Year

8. FATHER
 Full name Clarence Orell Cunningham

14. MOTHER
 Full maiden name Lillian Etta McDonald

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

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

10. Color or race White
 11. Age at last birthday 25 (Years)

16. Color or race White
 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) _____
 (State or country) Texas

18. Birthplace (city or place) Cisco
 (State or country) Texas

13. Occupation Asst. Mining Engineer
 Nature of industry Copper mining

19. Occupation Insuror
 Nature of industry _____

20. Number of children of this mother: (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child). 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 Aline at 3:30 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 J. H. Miller
 (Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed May 12 28 Registrar J. E. Finn

434-426-344