# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1610

Registered No. 372

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 Peggy Joyce Barrows { 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 April 27 1928. (Month Day Year)

8. FATHER

Full name Ira E. Barrows

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Fort Worth, Texas (State or country)

13. Occupation Nature of industry Miner

14. MOTHER

Full maiden name Violet Harper

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona.

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

18. Birthplace (city or place) Safford Arizona. (State or country)

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 ..... (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 8 30 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. Cron M.D.

Physician (Physician ~~or midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

Filed Aug 31, 1928 C. E. Finn Registrar.

Registrar.

722-427-589