SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 114

Registered No. 189

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 1102 Elwood St. Coffee Canon St. War

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

2. Full name of child May Wilme King (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 May 3 1928 (Month Day Year)

8. FATHER

Full name Nick King

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 45 (Years)

12. Birthplace (city or place) Louisiana

(State or country) Texas

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Elinore Moralez

15. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona

16. Color or race Mex. | 17. Age at last birthday 30

18. Birthplace (city or place) Durango

(State or country) M

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 3

(b) Born alive but now dead 2

(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 12 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. Crow M.D.

Physician

(Physician or midwife).

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

Month, day, year

Filed May 12, 1928 C. E. [illegible]

Registrar. Registrar.

427-503-342

1928

File