

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 154
 Registered No. 213

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 Bruce William Gerling
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male 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 18 - 1928
 Month Day Year

8. FATHER
 Full name William John Gerling
 9. Residence (Usual place of abode) Inspiration, Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Lucile Halleck
 15. Residence (Usual place of abode) Inspiration, Arizona
 If non-resident, give place and state.

10. Color or race Cauc.
 11. Age at last birthday 37 (Years)

16. Color or race Cauc.
 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Wyoming
 (State or country) Ohio

18. Birthplace (city or place) Abilene
 (State or country) Kansas

13. Occupation Machinist foreman
 Nature of industry Insp. Con. Copper Co.

19. Occupation Housewife
 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 2
 (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 4:22 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. Brown M.D.
Physician
 (Physician or midwife)

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

Month, day, year _____
 Filed May 25, 1928
 Registrar L. E. Jones

277-518-382