ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of _Gila_

District of _____

Town of _Miami_

or

City of _____

State Index No. _179_

County Registrar No. _255_

Local Registrar No. _255_

No. _____ _further_ St. _____ Ward
(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.

2. Full name of child _Gloria Arlene_

3. Sex of Child _Female_

4. Twin, triplet or other _____

To be answered ONLY
in event of plural
births.

5. No. in order of birth _____

7. Date _May 27 1928_
of birth   Month day year

	FATHER		MOTHER
8. Full name	_____	14. Full maiden name	_Elenor Luther_
9. Residence (Usual place of abode) If nonresident, give place and state	_Miami_	15. Residence (Usual place of abode) If nonresident, give place and state	_Miami Az_
10. Color or race	_White_	16. Color or race	_White_
11. Age at last birthday	_29_ (Years)	17. Age at last birthday	_19_ (Years)
12. Birthplace (city or place) (State or country)	_____	18. Birthplace (city or place) (State or country)	_Seattle Wash_
13. Occupation Nature of industry	_Laborer_	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 _1_
(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 _____ at _____ 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
evidences of life after birth.

Given name added from
a supplemental report _____
Mo., day, year.

_____
Registrar.

Signature _Nelson Taylor_
(Physician or midwife)

Address _Miami Az_

Filed _June 1 1938_ _____ Local Registrar.

Filed _____ 19 ____ _____ County Registrar.

_737-527-939_