

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 151
Registered No. 258

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

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

2. Full name of child Lois Irene Baker (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 7. Date of birth June 11-1928
5. No., in order of birth _____ Month Day Year

8. FATHER
Full name George Thomas Baker

14. MOTHER
Full maiden name Ruby Copeland

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

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

10. Color or race Cauc. 11. Age at last birthday 52 (Years)

16. Color or race Cauc. 17. Age at last birthday 46 (Years)

12. Birthplace (city or place) Waco Co., Texas
(State or country)

18. Birthplace (city or place) Piudoco, New Mex.
(State or country)

13. Occupation
Nature of industry Teamster

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 13
(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 9:30 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician (Physician or midwife).

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

Month, day, year _____ Filed June 15, 1928 R. E. Finn
Registrar. Registrar.

359-611-934