

SUPPLEMENT ATTACHED

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

State File No. ¹⁷⁷
Registered No. ²⁸³

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 Baby Mc Dermid
(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
5. No., in order of birth 1st } 7. Date of birth June 20-1928
Month Day Year

8. FATHER
Full name A. J. Mc Dermid
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 37 (Years)
12. Birthplace (city or place) Duluth
(State or country) Minn.
13. Occupation Mining Engineer
Nature of industry Miami Copper Co.

14. MOTHER
Full maiden name Ruby Tisenby
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 32 (Years)
18. Birthplace (city or place) Estonville
(State or country) Colo.
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 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 born alive at 6:15 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
(Physician or midwife)

Given Name added from a supplemental report _____
Month, day, year _____ Address Miami, Arizona
Filed July 9, 1928 Registrar C. E. Brown

344-620-938

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.