

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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. 201
Registered No. 275

1. PLACE OF BIRTH

County Gila County State Arizona
District or Township _____ or Village _____
City Miami No. 308 Frank St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Billie Helen Madison
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>6. 28-28</u> Month Day Year
		5. No., in order of birth		

8. FATHER
Full name Wm Reese Madison

14. MOTHER
Full maiden name Helen Jessie Blecker

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

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

10. Color or race white
11. Age at last birthday 46 (Years)

16. Color or race white
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Zulovosa
(State or country) New Mexico

18. Birthplace (city or place) Los Angeles
(State or country) California

13. Occupation machinist
Nature of industry Copper mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 1
(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. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 7:45 P.M. on the date above stated.
(Born alive or stillborn)

Signature L. A. Love M.D.
* 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.

Given name added from a supplemental report: _____ Address _____
Month, day, year _____
Registrar. July 3, 1928 C. E. Dyer
Registrar.

112-628-829