

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

State File No. 128
 Registered No. 301

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 827 Merritt St. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Ruth Virginia Voss { 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 _____ 7. Date of birth July 7 - 1928
 Month Day Year

8. FATHER
 Full name Wilfred Theodore Voss

14. MOTHER
 Full maiden name Marjorie Ella Menser

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

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 If non-resident, give place and state.

10. Color or race Cauc.
 11. Age at last birthday 25 (Years)

16. Color or race Cauc.
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Milwaukee, Wis.
 (State or country)

18. Birthplace (city or place) Rockyford, Colo.
 (State or country)

13. Occupation Elec. Engineer
 Nature of industry Miami Copper Co.

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother: (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child).

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 9:10 A. 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 or midwife)

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

Month, day, year _____
 Filed July 12, 1928 Registrar H. E. Tom

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

952-707-449