

It case of more than one child, the number of each must be made for each, and the number of each order of birth stated.

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

State File No. 135  
Registered No. 304

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 Carl Clifton Millman Jr. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 9 - 1928  
Month Day Year

8. FATHER Full name Carl Clifton Millman

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 24 (Years)

12. Birthplace (city or place) Carlsbad  
(State or country) New Mex.

13. Occupation Electrician  
Nature of industry Miami Copper Co.

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

14. MOTHER Full maiden name Florence Zulene Cass

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 28 (Years)

18. Birthplace (city or place) Austin  
(State or country) Texas

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

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 Byrul M. Brown (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_

Registrar. July 16, 28 Registrar. H. E. J...

345-709-632