

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140
Registered No. 309

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

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

2. Full name of child Edith Whitmer { 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>July 12, 1928</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name Harry Moroni Whitmer

14. MOTHER
Full maiden name Mabel Moody

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

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

10. Color or race White

16. Color or race White

11. Age at last birthday 23 (Years)

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Central Arizona
(State or country)

18. Birthplace (city or place) Thatcher Arizona
(State or country)

13. Occupation Carpenter
Nature of industry Copper mine

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..... <u>1</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
	(b) Born alive but now dead..... <u>0</u>	
	(c) Stillborn..... <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 3:30 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 J. H. Miller
M.D.
(Physician or midwife)

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

Month, day, year _____ Filed July 19, 28 Registrar R. E. Drinn

509-712-448

This must be made for each, and the number of birth stated in SEPARATE order of birth stated.