

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

State File No. 142
 Registered No. 330

1. PLACE OF BIRTH

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

2. Full name of child Edith Margaret Russell { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F 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 7-12-28
 Month Day Year

8. FATHER
 Full name Edward B. Russell
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 10. Color or race Cauc.
 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Mass
 (State or country)
 13. Occupation Soliman
 Nature of industry

14. MOTHER
 Full maiden name Alice M. Anderson
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 16. Color or race Cauc.
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Ariz
 (State or country)
 19. Occupation H.W.
 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? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was alive at 8:00 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 A. P. Perkins
 (Physician or midwife).
 Address Miami, Ariz
 Given name added from a supplemental report _____
 Month, day, year _____
 Filed July 27, 28 C. E. Jones Registrar

523-712-115