

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

given name added by supplement 10-29-28 m B

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

State File No. 144
Registered No. 8

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

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

2. Full name of child Eva Jean Heath { 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 _____ 5. No., in order of birth 5th 6. Legitimate? Yes 7. Date of birth July 14 28
Month Day Year

3. FATHER
Full name Wm. D. Heath

14. MOTHER
Full maiden name Chloe Miller

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

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

10. Color or race White 11. Age at last birthday 36 (Years)

16. Color or race White 17. Age at last birthday 33 (Years)

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

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

13. Occupation
Nature of industry Farmer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

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 3:10 P. 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 Chas. R. Risher M.D.

(Physician or midwife).

Given name added from a supplemental report Frank C. Randall
Month, day, year _____
Registrar

Address Peyson Ariz
Filed Aug 7 1928 Frank C. Randall
Registrar

588-714-349