

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

State File No. 181  
 Registered No. 343

number of cases  
 SEPARATE RETURN must be made for each  
 order of birth stated.

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Lower Miami or Village  
 City Miami No. 4 Dairy Canyon St. Ward  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lawrence Jack Hudson { 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..... } 5. No., in order of birth..... } 6. Legitimate? yes } 7. Date of birth July 25 1928  
 Month Day Year

8. FATHER  
 Full name Charles William Hudson

14. MOTHER  
 Full maiden name Mary Ellen Tate

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  
 11. Age at last birthday 35 (Years)

16. Color or race White  
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) New Mexico  
 (State or country)

18. Birthplace (city or place) New Mexico  
 (State or country)

13. Occupation Hoist engineer  
 Nature of industry Copper mine

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 2 } (a) Born alive and now living 2  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0  
 certified and including this child). } (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 alive at 7:10 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 J. J. Miller  
 (Physician or midwife).

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

Month, day, year \_\_\_\_\_ Filed Aug 2 1928 E. E. Trim  
 Registrar. Registrar.

385-725-435