

NOT RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 124  
 Registered No. 363

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1024 Mars Ave St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Leila Mellen (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**

**6. Legitimate?**

Yes

**7. Date of birth**

August 13 1928  
 Month Day Year

**8.**

**FATHER**

Full name William Henry Mellen

**14.**

**MOTHER**

Full maiden name Sarriet Millington

**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** 27 (Years)

**12. Birthplace (city or place)**

(State or country)

England

**18. Birthplace (city or place)**

(State or country)

England

**13. Occupation**

Nature of industry

Wood Hauler

**19. Occupation**

Nature of industry

Housewife

**20. Number of children of this mother** 3

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 0

**21. Were precautions taken against ophthalmia neonatorum.**

Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \* 20**

I hereby certify that I attended the birth of this child, who was alive at 9:20 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

Month, day, year

Address

Miami, Arizona

Filed

Aug 30 19 28

Registrar

R. E. Jones

Registrar

345-813-845