

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

State File No. 136
 Registered No. 374

1. PLACE OF BIRTH

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

2. Full name of child Betty May Medlin { 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Aug. 17-1928
 Month Day Year

8. FATHER
 Full name William Medlin
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Cauc.
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Brisco Co., Texas
 (State or country)
 13. Occupation Boiler maker
 Nature of industry Miami Copper Co.

14. MOTHER
 Full maiden name Lillian Grace Shea
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Cauc.
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Morgollon, New Mex.
 (State or country)
 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 certified and including this child.) (b) Born alive but now dead 1
 (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 born alive at 3:20 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 Cyril M. Teron M.D.
Physician
 (Physician or midwife).

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

Month, day, year _____ Filed Aug 31 1928 H. E. J...
 Registrar. Registrar.

245-817-321

UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.