ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 166

Registered No. 369

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Miami Hill or Village:

City: Miami No. Miami Inspiration Hospital St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Charlotte Ruth Sneddon {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 28, 1928 (Month Day Year)

FATHER

8. Full name: Alexander Hamilton Sneddon

9. Residence (Usual place of abode): Inspiration

If non-resident, give place and state: Arizona

10. Color or race: White

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place): Trinidad

(State or country): Colorado

13. Occupation: Electrician

Nature of industry:

MOTHER

14. Full maiden name: Fannie Redpath

15. Residence (Usual place of abode): Inspiration

If non-resident, give place and state: Arizona

16. Color or race: White

17. Age at last birthday: 26 (Years)

18. Birthplace (city or place): Sopris

(State or country): Colorado

19. Occupation: Housewife

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: 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 alive (Born alive ~~or stillborn~~) at 7:40 P.M. on the date above stated.

* 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: F. H. Miller M.D. (Physician ~~or midwife~~).

Given name added from a supplemental report: Month, day, year

Address: Miami, Arizona

Registrar.

Filed: Aug 30, 1928

R. E. Dorrin Registrar.

325-828-658

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.