

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹²⁵ 396

Registered No. _____

PLACE OF BIRTH

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

2. Full name of child John Tanner Mickelson (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 Sept 7 1928
 Month Day Year

8. FATHER Full name John Mickelson

14. MOTHER Full maiden name Manuelita Tanner

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

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 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 20 (Years)

16. Color or race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Chihuahua, Mexico
 (State or country)

18. Birthplace (city or place) Guana, Mexico
 (State or country)

13. Occupation Ambulance Driver
 Nature of industry Hospital

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother: (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living _____
 (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 at 2:00 m. on the date above stated.
 (Born alive or stillborn)

Signature J. H. Miller (Physician or midwife)

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

Month, day, year Sept 15 1928 Filed Sept 15 1928 Registrar L. E. Davis

145-907-439

-in case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.