

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

State File No. 126
Registered No. 3951

PLACE OF BIRTH
County Hila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child Fred Dale Markham
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 Fred Daley Markham

14. MOTHER
Full maiden name Elizabeth Viva Taylor

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

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

10. Color or race white
11. Age at last birthday 22 (Years)

16. Color or race white
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Eden Arizona
(State or country)

18. Birthplace (city or state) Prima Arizona
(State or country)

13. Occupation Truck driver
Nature of industry

19. Occupation N.W.
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 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 Born Alive at 12-17 m. on the date above stated.
(Born alive or stillborn)

Signature Charles E. Drinn
(Physician or midwife)

Given name added from _____ Address Miami Arizona
a supplemental report. Month, day, year

Filed Sept 15, 1928 Registrar C. E. Drinn
Registrar.

644-907-539

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for order of birth stated.