

case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

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

State File No. 163
Registered No. 411

1. PLACE OF BIRTH
County Gila State Arizona

District or Township _____ 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 Karl Benton Mc Miller { 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. _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Sept 19 1928
Month Day Year

8. FATHER
Full name Karl Benton Mc Miller

14. MOTHER
Full maiden name Thomas Josephine Dorhofer

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)

15. Color or race White
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) South Greenfield
(State or country) Missouri

18. Birthplace (city or place) Butte
(State or country) Montana

13. Occupation Deputy County School Superintendent
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 2
(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 9:20 P. 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
M.D.
(Physician or midwife)

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

Registrar. Sept 30 1928 Registrar. R. E. Dorn

245-919-649