

MAKE 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.

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

State File No. 128
434
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township 1 or Village _____
 City Miami No. 3010 Latham Blvd. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank Leon Meadows
(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 Oct 4 1928
 Month Day Year

8. FATHER
 Full name Frank Divers Meadows

14. MOTHER
 Full maiden name Geraldine Wilson

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 24 (Years)

16. Color or race white
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Roswell
 (State or country) New Mexico

18. Birthplace (city or place) Paradise
 (State or country) Arizona

13. Occupation Auto mechanic
 Nature of industry

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 at 12.55 a.m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller

(Physician or midwife)

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

Month, day, year _____

Filed Nov 1 1928 Registrar C. E. [Signature]

Registrar.

Registrar.

642-1004-764