

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁶¹ 483

Registered No. 483

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No. Miami Insp Hospital St.

Ward

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

2. Full name of child Arzetta Lottie Brock

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Nov-12-1928
Month Day Year

Female

5. No., in order of birth

yes

8. FATHER

FATHER

Full name John Riley Brock

14. MOTHER

MOTHER

Full maiden name Lottie E. Tryon

9. Residence (Usual place of abode)

If non-resident, give place and state.

Miami, Arizona

15. Residence (Usual place of abode)

If non-resident, give place and state.

Miami, Arizona

10. Color or race

Cauc.

11. Age at last birthday 33 (Years)

16. Color or race

Cauc.

17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

San Angelo, Texas

18. Birthplace (city or place)

(State or country)

Eden, Arizona

13. Occupation

Nature of industry

Fireman
mining

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 3

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * ⁴⁵

I hereby certify that I attended the birth of this child, who was born alive at 6 ^A 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 Cyril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address Miami, Arizona

Registrar.

Filed Dec 2, 19 28

19 28

L. E. Tryon

Registrar.

122-1112-335