

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

State File No. 167  
 Registered No. 218

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Rae 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 7. Date of birth Nov. 14, 1928  
 Month Day Year

8. FATHER  
 Full name Selma Carl Miller

14. MOTHER  
 Full maiden name Lillie Pearl Sanders

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

15. Residence (Usual place of abode) Globe, Ariz.  
 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 20 (Years)

12. Birthplace (city or place) Chattanooga, Tenn.  
 (State or country)

18. Birthplace (city or place) Fort Thomas, Arizona  
 (State or country)

13. Occupation Carpenter  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother one (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living one  
 (b) Born alive but now dead none  
 (c) Stillborn none 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 6:30 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 T. C. Harper  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona

Month, day, year \_\_\_\_\_ Filed 12/10, 1928 G. E. Wightman  
 Registrar Registrar

1119 - 1114 - 322