

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

State File No. 173
 Registered No. 518

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 826 Smith St St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kathleen Joyce Sartain } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 Nov-16-1928
 Month Day Year

8. FATHER
 Full name William Lee Sartain

14. MOTHER
 Full maiden name Alta Oliver

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

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 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 27 (Years)

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

12. Birthplace (city or place) Holstein, Texas
 (State or country)

18. Birthplace (city or place) Soulsville, Calif.
 (State or country)

13. Occupation Mechanic
 Nature of industry Mining.

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother _____ } (a) Born alive and now living 2
 (Taken as of time of birth of child herein certified and including this child). } (b) Born alive but now dead _____
 } (c) Stillborn _____

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 8:40 P. m. on the date above stated.
 (Born alive or stillborn)

Signature Byril M. Brown M.D. Physician (Physician or midwife)

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

Month, day, year _____ Filed Jan 29 19 29 C. E. Tomm Registrar.

225-1116-169