

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 175

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 473

Local Registrar No. _____

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 Spencer Lewis Blake - 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? _____ 7. Date of birth Nov. 17 - 1928
Month Day Year8. FATHER Full name Lewis L. Blake - 14. MOTHER Full maiden name Alice R. Spencer -9. Residence (Usual place of abode) Safford - Ariz. 15. Residence (Usual place of abode) Safford - Arizona
If nonresident, give place and state10. Color or race White 11. Age at last birthday 29 (Years) 16. Color or race White 17. Age at last birthday 26 (Years)12. Birthplace (city or place) Syacuse - Utah 18. Birthplace (city or place) Ogden Utah
(State or country)13. Occupation Teacher - 19. Occupation Housewife
Nature of industry College Nature of industry _____20. Number of children of this mother (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 _____ (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 5:50 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 John D. Deacon (Physician or midwife)
Address Miami - ArizonaGiven name added from a supplemental report _____ Filed Nov 22 19 28 _____ Local Registrar.

Month, day, year.

Local Registrar.

Registrar.

Filed _____ 19 _____ County Registrar.

County Registrar.

205-1117-129