

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

State File No. 194
497
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Frank Dunlap Gould (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov. 24 1928</u> Month Day Year
5. No., in order of birth.....				

8. FATHER
Full name Frank Joseph Gould

14. MOTHER
Full maiden name Kathleen Elizabeth Dunlap

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.

9. Color or race White
11. Age at last birthday 29 (Years)

16. Color or race White
17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Batavia
(State or country) Illinois

18. Birthplace (city or place) _____
(State or country) Indiana

13. Occupation Civil engineer
Nature of industry Copper mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child).	(a) Born alive and now living..... <u>2</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
	(b) Born alive but now dead..... <u>0</u>	
	(c) Stillborn..... <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 5:45 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 J. J. Miller
MD
(Physician or midwife).

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

Month, day, year _____
Filed Dec 3, 28 A. E. Finn
Registrar. Registrar.

674-1124-247