

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 290

Registered No. 21

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 24 Van Winkle Canons St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Opal Lee If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	5. No., in order of birth.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov. 27 - 1928</u> Month : Day Year
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8. FATHER
Full name Doyle Lee

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

10. Color or race Cauc.

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Woodruff, Arizona
 (State or country)

13. Occupation
Nature of industry Postal Clerk

14. MOTHER
Full maiden name Zorabell Maroney

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

16. Color or race Cauc.

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Joccoa, Georgia
 (State or country)

19. Occupation
Nature of industry Housewife

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 * 45
 I hereby certify that I attended the birth of this child, who was born alive at 10 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.

 Physician (Physician or midwife).

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

Month, day, year _____
 Filed Jan 2 1929 Registrar. C. E. Dorn
 Registrar.

635-1127-948