

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

State File No. 108
 Registered No. 541

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 5 Dairy Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Neil Leroy Abbott (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 _____ }
 5. No., in order of birth _____ }
 6. Legitimate? yes
 7. Date of birth Dec 4 1928
 Month Day Year

8. FATHER
 Full name Leroy Wilbur Abbott

14. MOTHER
 Full maiden name Flora Emma Kriemes

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.

10. Color or race White
 11. Age at last birthday 31 (Years)

16. Color or race White
 17. Age at last birthday 45 (Years)

12. Birthplace (city or place) Wapakoneta
 (State or country) St. Marys Ohio

18. Birthplace (city or place) Wapakoneta
 (State or country) Ohio

13. Occupation Barber
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 3
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 0
 (c) Stillborn 0

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 alive at 3:30 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. D. Miller
 (Physician or midwife)

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

Registrar _____ Filed Jan 7 1929 Registrar Le. E. Dorr

513-1204-622