

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. <sup>159</sup> 546

Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

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

2. Full name of child Royce Eulo Edwards { 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? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Aug 19 1928  
 Month Day Year

8. FATHER  
 Full name Darius Oliver Edwards

14. MOTHER  
 Full maiden name Rosy Pearl Janner

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

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

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

16. Color or race White  
 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) California

13. Occupation Miner  
 Nature of industry Copper

19. Occupation Housewife  
 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 2  
 (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 5:20 A. m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
\* 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.  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Jan 7 1929 Registrar Geo. E. Jann

Registrar.

Registrar.

952-1219-929