

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

State File No. 162
547
Registered No.

1. PLACE OF BIRTH

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

2. Full name of child Anderson * { 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 Dec 21 1928
Month Day Year

8. FATHER
Full name Elmer Lee Anderson

14. MOTHER
Full maiden name Christa Jewell Webb

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

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

10. Color or race white
11. Age at last birthday 20 (Years)

16. Color or race white
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Silver City,
(State or country) New Mexico

18. Birthplace (city or place) Dan Grove,
(State or country) Texas

13. Occupation Miner
Nature of industry Copper Mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child). } (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 8:20 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 015-1221-362 Filed Jan 7 1929
Registrar. Registrar.

* Died 1 AM Dec 22 1928