

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 164

Registered No. 548

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Live Oak or Village \_\_\_\_\_  
 City Miami No. L-17 Live Oak Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nell Moon Dugan If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth 1 7. Date of birth Dec 21 1928  
Month Day Year

**FATHER**  
 Full name George Samuel Dugan

**MOTHER**  
 Full maiden name Lena Oswin Moon

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

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

10. Color or race white 11. Age at last birthday 33 (Years)

15. Color or race white 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Tarrytown  
(State or country) New York

18. Birthplace (city or place) San Antonio  
(State or country) Texas

13. Occupation Copper miner  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 4  
 (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 4:55 a.m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
(Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filed Jan 7, 1929 Registrar [Signature]

45-1221-345