

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 360

Registered No. H 80

1. PLACE OF BIRTH

County Maricopa State Arizona  
 District or Township Mesa, #3 or Village \_\_\_\_\_  
 City Mesa No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Rose Merkley (If child is not yet named, make supplemental report, as directed.)

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. \_\_\_\_\_ 7. Date of birth Dec. 14, 1928  
 Month Day Year

8. FATHER  
 Full name Lavern Mathias Merkley  
 9. Residence (Usual place of abode) Mesa, Arizona  
 If non-resident, give place and state. \_\_\_\_\_

14. MOTHER  
 Full maiden name Rosie Annie Herby  
 15. Residence (Usual place of abode) Mesa, Arizona  
 If non-resident, give place and state. \_\_\_\_\_

10. Color or race White  
 11. Age at last birthday 41 (Years)

16. Color or race White  
 17. Age at last birthday 42 (Years)

12. Birthplace (city or place) St. Charles, Idaho  
 (State or country)

18. Birthplace (city or place) Calipe Queensland, Australia  
 (State or country)

13. Occupation  
 Nature of industry Mechanic

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 6 } (a) Born alive and now living 4  
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2  
 (c) Stillborn 1 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 born alive at 9:40 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 W. F. W. Brown  
Mesa, Arizona  
 (Physician or midwife).

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

Month, day, year \_\_\_\_\_ Filed Dec. 14, 1928 W. F. W. Brown

Registrar. \_\_\_\_\_ Registrar.

948-1214-488

by mms.

CORD and the number of in  
 N. B.—In case of more than one child at birth, a SEPARATE RETURN order of birth stat.