

N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 156
 Registered No. 25

1. PLACE OF BIRTH
 County Dila State Arizona
 District or Township _____ or Village _____
 City Miami No. Central Heights St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Stephen Miller { 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** Jan. 18 - 1929
Month Day Year

8. FATHER
Full name Charles Clemmens Miller
9. Residence Miami, Arizona
(Usual place of abode)
 If non-resident, give place and state. Arizona

10. Color or race Cauc. **11. Age at last birthday** 28 (Years)

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

13. Occupation Timberman
Nature of industry mining

14. MOTHER
Full maiden name Estella May Singer

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

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

18. Birthplace (city or place) Pasadena, Calif.
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2 (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 born alive at 9:50 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 Cyril M. Brown, M.D.
Physician (Physician or midwife).

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

Month, day, year 349-118-5257
 Registrar _____
 Filed Jan 28, 19 29 Lo. G. Jones
 Registrar