

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 160
39

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 4070 Kent St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Mamie Cole { 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 _____ 7. Date of birth January 19 1929
Month Day Year

8. FATHER
Full name William Carl Cole

14. MOTHER
Full maiden name Mamie Silda Holm

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

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

10. Color or race white
11. Age at last birthday 38 (Years)

15. Color or race white
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Germany
(State or country)

18. Birthplace (city or place) Minnesota
(State or country)

13. Occupation Machinist
Nature of industry Copper mine

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 alive at 2:30 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 [Signature]
(Physician or midwife)

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year 535-117-484 Filed Feb 5 1929 [Signature]
Registrar. Registrar.