

N. B.—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. 169
 Registered No. 27

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 3 Copper Glance St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Stanley Arthur Lee { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate? <u>yes</u>	6. No., in order of birth	7. Date of birth <u>Jan. 23-1929</u> Month Day Year
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8. FATHER
 Full name Arthur Lee
 9. Residence (Usual place of abode) Miami, Arizona.
 If non-resident, give place and state.
 10. Color or race Cauc.
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) Thatcher, Arizona.
 (State or country)
 13. Occupation Millman
 Nature of industry mining

14. MOTHER
 Full maiden name Teah McNeil
 15. Residence (Usual place of abode) Miami, Arizona.
 If non-resident, give place and state.
 16. Color or race Cauc.
 17. Age at last birthday 21 (Years)
 18. Birthplace (city or place) Shiprock, New Mex.
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>2</u>	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:20 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 Loyil M. Cron M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____
 Address Miami, Arizona
 Filled Jan 28, 1929 R. E. Dwyer
 Registrar