

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. 181  
 Registered No. 44

**1. PLACE OF BIRTH**

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

2. Full name of child Homer Harvey Osborn { 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. 26, 1929  
Month Day Year

**8. FATHER**  
 Full name Carl Ernest Osborn  
 9. Residence (Usual place of abode) Rice, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Cauc.  
 11. Age at last birthday 37 (Years)

**14. MOTHER**  
 Full maiden name Ruth Pinyan  
 15. Residence (Usual place of abode) Rice, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Cauc.  
 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Protection, Kansas  
 (State or country)  
 13. Occupation Indian Trader  
 Nature of industry Merchant

18. Birthplace (city or place) Durango, Colo.  
 (State or country)  
 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 3  
 (b) Born alive but now dead 1  
 (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 6:50 P. 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 Byril M. Brown  
Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 865-126-945  
 Address Miami, Arizona  
 Filed Feb 7, 1929 Registrar C. C. Jones