

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

State File No. 138
 Registered No. 69

1. PLACE OF BIRTH

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

2. Full name of child William Thomas Cosgro { 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 _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 9 - 1929</u> Month Day Year
5. No. in order of birth _____				

8. FATHER
 Full name Frederick A. Cosgro
 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 34 (Years)
 12. Birthplace (city or place) Fredonia
 (State or country) Iowa Co., Iowa.
 13. Occupation
 Nature of Industry Mining

14. MOTHER
 Full maiden name Fay Meeks
 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 25 (Years)
 18. Birthplace (city or place) Pine Bluff
 (State or country) Arkansas.
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>5</u>	(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>1</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 25
 I hereby certify that I attended the birth of this child, who was born alive at 1 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
Physician
(Physician or midwife).

Given name added from a supplemental report _____
 Address Miami, Arizona
 Filed Feb 18, 1929. W. C. Finn
 Registrar

636-209-642