

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

State File No. 154
 Registered No. 54

1. PLACE OF BIRTH

County Daly State _____
 District or Township _____ or Village _____
 City Miami No. 9 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Green (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
 7. Date of birth Feb 14 1929
 Month Day Year

8. FATHER
 Full name Mortimer Green

14. MOTHER
 Full name Leola Sanders

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

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

10. Color or race White
11. Age at last birthday 25 (Years)

16. Color or race White
17. Age at last birthday 25 (Years)

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

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

13. Occupation
 Nature of industry Truck Driver

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 5
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (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 _____ at _____ 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 Wm. D. Grayson
Miami, Ariz.
 (Physician or Midwife)

Given name added from _____ Address _____
 a supplemental report. Month, day, year

Filed Feb 17 29 Le. E. Dinn
 Registrar

075-214-322