

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

State File No. 169d
 Registered No. 183

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 _____
{ 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
 7. Date of birth Feb. 20 - 1929
Month Day Year

8. FATHER
 Full name Delbert Darwin Daley
 9. Residence (Usual place of abode) P.O. Box 776 Claypool, 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) Lehi, Arizona
(State or country)

Occupation Electrician
 Nature of Industry mining

Number of children of this mother _____
(taken as of time of birth of child herein specified and including this child.)

14. MOTHER
 Full maiden name Elsie Lee Bowman
 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 18 (Years)

18. Birthplace (city or place) Conway Co., Arkansas
(State or country)

19. Occupation _____
 Nature of Industry Housewife

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 2 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Byrne M. Brown, M.D.
Physician
(Physician or midwife.)

Address Miami, Arizona

Filed May 10, 1929 Registrar G. E. Jones

048-220-525