

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

State File No. 184
95
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. P.O. Box 131 - Claypool - Ariz. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Jean Burns (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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb. 26 - 1929
Month Day Year

8. FATHER
Full name Carl C. Burns

14. MOTHER
Full maiden name Edna V. Andregg

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

13. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.

10. Color or race Cauc.

16. Color or race Cauc.

11. Age at last birthday 22 (Years)

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Benham, Kentucky
(State or country)

18. Birthplace (city or place) Bingham Canon, Utah
(State or country)

13. Occupation
Nature of industry Salesman

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.) 1st
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn _____

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 6:10 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 evidences of life after birth.

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

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

Address Miami, Arizona

Registrar _____

Filed Feb 5, 29 C. E. Brown
Registrar

200-226-517