

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

State File No. 144
Registered No. 109

1. PLACE OF BIRTH

County Dila State Arizona
District or Township _____ or Village 3045 Latham Blvd.
City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hillis Spilman Mc Kenzie { 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb. 5 - 1929
Month Day Year

8. FATHER
Full name Henry McKenzie
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 31 (Years)
12. Birthplace (city or place) Falkirk, Scotland
(State or country)
13. Occupation
Nature of industry Minister

14. MOTHER
Full maiden name Dorothy Lillian Burk
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Mount Vernon, Mo.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) 1st } (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 9:20 P. m. on the date above stated.
(Born alive or stillborn.)

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

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Feb 15, 1929 Registrar C. G. Dring

845-305-425

N. B.—In case of more than one child at a birth, a SEP. ATT. RETURN must be made for each, and the number of each order of birth stated.