

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 160Registered No. 117

## 1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township Miami Hill or Village \_\_\_\_\_  
 City Miami No. Miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Samuel Wilson Stevens  
 (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 March 10 1929  
 Month Day Year

8. FATHER Full name Albert Beveridge Stevens 14. MOTHER Full maiden name Mildred Beatty Kelly

9. Residence (Usual place of abode) 7 Inspiration, Townside 15. Residence (Usual place of abode) 7 Inspiration Townside  
 If non-resident, give place and state. Miami, Ariz If non-resident, give place and state Miami, Ariz

10. Color or race White 11. Age at last birthday 30 (Years) 16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Columbus 18. Birthplace (city or place) Salmonville  
 (State or country) Indiana (State or country) Arizona

13. Occupation Mining 19. Occupation Housewife  
 Nature of Industry engineer, copper Nature of Industry \_\_\_\_\_

20. Number of children of this mother. 3 } (a) Born alive and now living \_\_\_\_\_ } 21. Were precautions taken against oph-  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0 } thalmia neonatorum.  
 certified and including this child.) } (c) Stillborn 0 } Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:12 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 evidence of life after birth.  
 Signature J. H. Miller  
 (Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
 a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
 Registrars. Filed March 18 1929 C. E. Jones  
 Registrar.

222-310-428