

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

State File No. 183  
Registered No. 123

1. PLACE OF BIRTH

County Dila State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City Miami No. 42 Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jeanine Marie Farrow  
(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  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth March 18 1929  
Month Day Year

FATHER  
Full name Charles Owen Farrow  
Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

MOTHER  
Full maiden name Alberta Pate  
Residence (Usual place of abode) Miami, Arizona  
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 24 (Years)

12. Birthplace (city or place) Cloverport  
(State or country) Kentucky

18. Birthplace (city or place) Cloverport  
(State or country) Kentucky

13. Occupation Pipefitter  
Nature of Industry Copper mine

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(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 alive at 10:45 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. J. Miller  
(Physician or midwife)

Given name added from supplemental report. Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed March 25 29 Registrar C. E. Brown

166-318-175

order of return in a PENMAN  
RETURN must be made