

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

State File No. 191
126
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Margaret Rose Lampe { 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 23 1929
Month Day Year

8. FATHER
Full name Edward Frank Lampe

14. MOTHER
Full maiden name Mary Aura Richardson

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

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If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 40 (Years)

16. Color or race White
17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Cincinnati Ohio
(State or country)

18. Birthplace (city or place) Attol Massachusetts
(State or country)

13. Occupation Electric Crane Man
Nature of industry Copper Smelter

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 7
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 1
(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 11:20 a 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
M.D.
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed March 31, 29 Registrar C. E. Smith

435-323-495

order of birth stated.