

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 196Registered No. 129

## 1. PLACE OF BIRTH

County Gila State ArizonaDistrict or Township Lower Miami or VillageCity Miami No. 40-B Hill St. Ward  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Raymond Curtis Reeve { 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 25 1929  
Month Day Year8. FATHER Full name Guy Walter Reeve 14. MOTHER Full maiden name Nevada Jane Elrod9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. If non-resident, give place and state.10. Color or race white 11. Age at last birthday 42 (Years) 16. Color or race white 17. Age at last birthday 23 (Years)12. Birthplace (city or place) Indiana 18. Birthplace (city or place) Arkansas  
(State or country) (State or country)13. Occupation Proprietor, shoe repair shop 19. Occupation Housewife  
Nature of industry Nature of industry20. Number of children of this mother 2 (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes  
(Taken as of time of birth of child herein certified and including this child).

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 5:53 P. m. on the date above stated.  
(Born alive or stillborn)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.

Registrar.

795-325-554