

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

State File No. 203  
 Registered No. 133

1. PLACE OF BIRTH

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

2. Full name of child Mary Alberta Baker Ward \_\_\_\_\_  
(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 26, 1929  
 Month Day Year

8. FATHER  
 Full name Talbert Baker

14. MOTHER  
 Full maiden name Maudie Viola Muntzer

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 28 (Years)

16. Color or race White 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas

18. Birthplace (city or place) Butte,  
 (State or country) Montana

13. Occupation Electrician  
 Nature of Industry Copper mine power house

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

20. Number of children of this mother \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
 (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 9:18 P. m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_ Address Miami, Arizona

Filed Apr 5, 29 Registrar C. E. Dorn

order of birth stated.

429-326-449