

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

State File No. 138
 Registered No. 161

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ 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 Shirley Mae Maggart
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 April 11 1929
 Month Day Year

8. FATHER
 Full name Jay Wesley Maggart
 9. Residence (Usual place of abode) Superior, Arizona
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Abilene
 (State or country) Texas
 13. Occupation Miner
 Nature of industry Copper

14. MOTHER
 Full maiden name Eva Helen Goodrich
 15. Residence (Usual place of abode) Superior, Arizona
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Asselton
 (State or country) North Dakota
 19. Occupation Housewife
 Nature of industry _____

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 21. Were precautions taken against ophthalmia neonatorum? Yes
 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was alive at 4:15 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 a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____
 Registrar _____
 Filled Apr 20 29, 1929 R. E. Jones
 Registrar

243-411-578

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.