

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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.

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

State File No. 5764  
 Registered No. 254

1. PLACE OF BIRTH

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

2. Full name of child Rose Marie Lillywhite (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 May 18 1929  
 Month Day Year

8. FATHER  
 Full name Jessie Dyle Lillywhite

14. MOTHER  
 Full maiden name Pearl Malissa Brown

9. Residence (Usual place of abode) Globe, 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 38 (Years)

16. Color or race White  
 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Woodruff  
 (State or country) Arizona

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

13. Occupation Miner  
 Nature of Industry Copper

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

20. Number of children of this mother 5  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum?  
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I hereby certify that I attended the birth of the child, who was alive at 3 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 \_\_\_\_\_

Filed May 25, 1929  
 Registrar \_\_\_\_\_

932-518-725