

MARGIN RESERVED FOR BINDING
 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. 1474
 Registered No. 744

1. PLACE OF BIRTH

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

2. Full name of child Vincent Frank Mitchell { 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 June 15, 1929
 Month Day Year

8. FATHER
 Full name Frank Mitchell

14. MOTHER
 Full maiden name Nevada Billingsley

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

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

10. Color or race Cauc. 11. Age at last birthday 33 (Years)

16. Color or race Cauc. 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Silver City, New Mex.
 (State or country)

18. Birthplace (city or place) Wells, Nevada.
 (State or country)

13. Occupation Pump Operator
 Nature of Industry Burch Plant

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (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 this child, who was born alive at 10 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 Cyril M. Brown, M.D.
 (Physician or midwife)

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

Month, day, year _____ Filled May 12, 1931 C. E. Denny
 Registrar Registrar

543-615-528