

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

153
State File No. 331
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Josephine Pearl Edwards { If child is not yet named, make supplemental report, as directed.

| | | | | |
|----------------------------------|--|---------------------------------|------------------------------|---|
| 3. Sex of Child <u>female</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 5. Legitimate? <u>Yes</u> | 6. Date of birth <u>July 15 1929</u> Month Day Year |
| 7. No., in order of birth _____ | | | | |

8. **FATHER**
Full name Harold Lewis Edwards
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Montreal
(State or country) Canada

13. Occupation Foreman
Nature of Industry Copper mine

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)

14. **MOTHER**
Full maiden name Cecilia Mary Harrison
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Montreal
(State or country) Canada

19. Occupation Housewife
Nature of Industry _____

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 5:20 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
M.D.
(Physician or midwife)

Given name added from supplemental report _____ Address Miami, Arizona
Month, day, year _____
Filed July 25 1929 C. E. Tom Registrar