

168

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 379

Registered No. 379

1. PLACE OF BIRTH

County Gila State Arizona District or Township Miami or Village No. 1502 Pine City (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

2. Full name of child Babbie Lindy McAbee (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 Aug 10 1929 Month Day Year

8. FATHER Full name Pink Jackson McAbee

14. MOTHER Full maiden name Duella Ford

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 White

11. Age at last birthday 31 (Years)

16. Color or race White

17. Age at last birthday 26 (Years)

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

18. Birthplace (city or place) Texas (State or country)

13. Occupation Driver, laundry wagon Nature of industry

19. Occupation Housewife Nature of industry

20. Number of children of this mother 4 (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 1 (c) Stillborn 1

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 4:45 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 Dr. J. J. Miller

(Physician or Midwife)

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

Registrar. Filed Aug 15 1929 6-50 J. J. Miller Registrar.

245-810-464

FORM NO. 10 (REVISED 1-22-29)