

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

177 ✓
State File No. 383
Registered No. 383

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

2. Full name of child Baby Pinkie
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M 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 12, 1929
Month _____ Day _____ Year _____

8. FATHER
Full name Ed Pinkie

14. MOTHER
Full maiden name Hilda Passa

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

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

10. Color or race Indian
11. Age at last birthday 35 (Years)

16. Color or race Indian
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) San Carlos
(State or country) Fla.

18. Birthplace (city or place) Pine
(State or country) Fla.

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry H-W

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 0
(b) Born alive but now dead 3
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? No.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was Full Term at 1 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 Charles E. Jinn D.M.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address Miami, Arizona

Registrar _____

Filed Aug 20, 1929 C. E. Jinn Registrar

075-812-831