

order of birth stated.

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

214

State File No. _____
Registered No. 397

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 6 Cottonwood St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mildred Maroney *
(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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Aug 21 1929
Month Day Year

8. FATHER
Full name Howard Gate Maroney
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Lucy Wamsley
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 22 (Years)

16. Color or race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Howe
(State or country) Georgia

18. Birthplace (city or place) Hubbard
(State or country) Arizona

13. Occupation Miner
Nature of industry Copper

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother. } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child). } (c) Stillborn 0
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 12:40 a.m. on the date above stated.
(Born alive or stillborn)

Signature J. H. Miller
M.D.
(Physician or midwife)

Given name added from _____
a supplemental report. Month, day, year _____ Address _____
448-821-368 Filed Aug 30, 1929
Registrar. Registrar.

* died 2 hours after birth