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

State File No. 702
Registered No. 702

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village 1018 Mars Ave.
City Miami No. Miami - Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margaret Joan Redmond (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. 22-1929
Month Day Year

8. FATHER
Full name James Loraine Redmond
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

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

10. Color or race Cauc. 11. Age at last birthday 21 (Years)

16. Color or race Cauc. 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Rockford
(State or country) Colo.

18. Birthplace (city or place) Albuquerque
(State or country) New Mex.

13. Occupation Millman
Nature of industry Mining

19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(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 born alive at 9³⁰ A. 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
(Physician or midwife).

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

Month, day, year _____ Filed Sept 11, 1929 C. E. Jones
Registrar Registrar

494-822-439

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.