

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

State File No. 152 ✓
443
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 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 Edwin O. Heyl { 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 _____ } 6. Legitimate? yes } 7. Date of birth Sept. 14 - 1929
 5. No., in order of birth _____ } Month Day Year

8. FATHER
 Full name Edwin Emil Heyl
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

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

10. Color or race Cauc. 11. Age at last birthday 26 (Years)

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Clifton, Arizona
 (State or country)

18. Birthplace (city or place) Webb City, Mo.
 (State or country)

13. Occupation
 Nature of industry Sheet metal worker

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 2
 (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 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ³⁰

I hereby certify that I attended the birth of this child, who was born alive at 2 A: m. on the date above stated.
(Born alive or stillborn.)

Signature Byril M. Brown M.D.
Physician (Physician or midwife).

Address Miami, Arizona

Filed Sept 20 1929 G. D. Dring
 Registrar

* 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.

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

583-914-575

SEPARATE RETURN must be made for each, and the number of birth stated.