

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

State File No. 182
 Registered No. 463

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 4100-A Kent St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jane Lee Baird
(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. _____ 6. Legitimate? yes
 5. No., in order of birth _____ } 7. Date of birth Sept 29 1929
 Month Day Year

8. FATHER
 Full name Robert Lyman Baird

14. MOTHER
 Full maiden name Mamie Gertrude Darr

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 34 (Years)

16. Color or race white
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Butte
 (State or country) Montana

18. Birthplace (city or place) Roanoke
 (State or country) Virginia

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. 1
 (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 10:05 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 J. J. Miller
 _____ and _____
 (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____
 Filed Sept 30, 19 29 G. E. Dine
 Registrar. Registrar.

124-929-446