

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

State File No. 107
469
Registered No. _____

PLACE OF BIRTH

County Gila State Arizona
District or Township Live Oak or Village _____
City Miami No. L-3 Live Oak Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Dorothy Alberta Mallman { If child is not yet named, make supplemental report, as directed.

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 Oct 1 1929
Month Day Year

FATHER
Full name Herman Arthur Mallman
Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

Color or race White
11. Age at last birthday 38 (Years)

Birthplace (city or place) Duluth
(State or country) Minnesota

1. Occupation Mining engineer
Nature of industry Copper

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

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

15. Color or race White
17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Benicia
(State or country) California

19. Occupation Housewife
Nature of industry _____

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 6 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 J. J. Miller
M.D.
(Physician or midwife)

Address Miami, Arizona

Month, day, year _____
Filed Oct 12 1929 _____
Registrar O. E. [unclear]

445-1001-419