

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

State File No. 498
 Registered No. _____

153

PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami - Inspiration Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Nannette Marie Smith { If child is not yet named, make supplemental report, as directed.

Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 22 1929</u> Month Day Year
		5. No., in order of birth _____		

FATHER

11. name James Albert Smith

Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

Color or race White

11. Age at last birthday 22 (Years)

Birthplace (city or place) Texas
 (State or country)

Occupation Switchman Copper Mine
 Nature of industry

MOTHER

14. Full maiden name Mildred Marie Nixon

15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Mart
 (State or country) Texas

19. Occupation Housewife
 Nature of industry

Number of children of this mother <u>2</u>	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
When taken as of time of birth of child herein certified and including this child.	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:45 p. m. on the date above stated.
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, or other person, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. When name added from supplemental report.

Signature J. J. Miller
 (Physician or Midwife)

Address Miami, Arizona

Month, day, year _____

Filed Oct 30 1929 Registrar C. E. Dorn

Registrar. 528-1022-455