

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

State File No. 560
Registered No. 560

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 John Horace Millman { 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 Oct. 26 - 1929
Month Day Year

8. FATHER
Full name Carl Clifton Millman
9. 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)

12. Birthplace (city or place) Carlsbad
(State or country) New Mex.

13. Occupation Electrician
Nature of industry mining

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

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

16. Color or race Cauc. 17. Age at last birthday 30 (Years)

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

19. Occupation Housewife
Nature of industry

21. Were precautions taken against ophthalmia neonatorum? yes
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 45

I hereby certify that I attended the birth of this child, who was born alive at 4-4 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 Dec 12, 1929 Lo E. Finn
Registrar Registrar

145-1026-632

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