

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

152
State File No. 532
Registered No. 532

1. 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)

2. Full name of child

David Eugene Scott (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 Nov 16 1929
Month Day Year

8. FATHER
Full name Kenneth Kyle Scott

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

10. Color or race White 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Gallup
New Mexico
(State or country)

13. Occupation Electrician, surface
Nature of industry Open mine

20. 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 1
(b) Born alive but now dead 0
(c) Stillborn 0

14. MOTHER
Full maiden name Eva Caroline Griffin

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

10. Color or race White 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) _____
Iowa
(State or country)

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 10:25 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
MD
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____
Filed Nov 25 1929 Registrar C. E. Jones

Registrar 423-1116-575