

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

147
State File No. 578
Registered No. 578

1. PLACE OF BIRTH

County Kila 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

Danny Weston McGuire (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 _____ 5. No., in order of birth _____ } 6. Legitimate? yes 7. Date of birth Dec 14 1929
Month Day Year

8. FATHER Full name Ivan Wilson McGuire

14. MOTHER Full maiden name Mittie Lee Caudill

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

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

10. Color or race white 11. Age at last birthday 25 (Years)

16. Color or race white 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Colorado
(State or country)

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

13. Occupation Electrician
Nature of Industry Copper mine

19. Occupation Housewife
Nature of Industry _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:47 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
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address Miami, Arizona

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Registrar 445-1214-433