

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

State File No. 186  
 Registered No. 611

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. P.O. Box 1836 Miami St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vivian Mennie Browning (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec. 30 - 1929  
 Month Day Year

8. FATHER  
 Full name Carl Edwin Browning

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 28 (Years)

12. Birthplace (city or place) Boulder Colo.  
 (State or country)

13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Mabel Rose Wathen

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 25 (Years)

18. Birthplace (city or place) Saratoga Wyoming  
 (State or country)

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (b) Born alive but now dead 1  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 10<sup>30</sup> 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 Byrd M. Brown M.D.  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Filed Jan 8, 1930 Registrar J. G. Jones

527-1230-465