

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 204  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

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

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

2. Full name of child Vernon Eugene Perry (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</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>2-10-27</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER  
Full name John E. Perry

14. MOTHER  
Full maiden name Margie E. Quinn

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

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

10. Color or race White

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11. Age at last birthday 27 (Years)

17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) Arizona  
(State or country)

13. Occupation  
Nature of industry Farm

19. Occupation  
Nature of industry Housewife

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 <u>3</u>	(b) Born alive but now dead <u>1</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive 7 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 E. J. Neighd. M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Duncan, Arizona

Registrar \_\_\_\_\_

Filed 3/5 1927 Eugene Perry  
Registrar

578-210-465