

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

State File No. 135
 Registered No. 78

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. 251 E. Mesquite St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marvel Ruth Jones { 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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 4 6 27
Month Day Year

8. FATHER
 Full name Claude Jones

14. MOTHER
 Full maiden name Ima Smith

9. Residence (Usual place of abode) 251 E. Mesquite
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 33 (Years)

16. Color or race White 17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) Como, Texas
 (State or country)

13. Occupation
 Nature of industry Laborer

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 5
 (b) Born alive but now dead _____
 (c) Stillborn _____

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 Born alive 11:40 P.M. on the date above stated
(Born alive or stillborn.)

Signature J. E. Wightman
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 4-30, 1927 St. St. Horst
 Registrar Registrar

412-406-928

one child at a birth, a SEPARATE