

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Globe
Town of Globe
or
City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189
County Registrar No. _____
Local Registrar No. 181

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

2. Full name of child Veraileen Malone { 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 8-26-27 Month Day Year

8. FATHER Full name Jessie Harry Malone 9. Residence (Usual place of abode) Copper Hill, Ariz. If non-resident, give place and state.

14. MOTHER Full maiden name Ethel Ray Johnson 15. Residence (Usual place of abode) Copper Hill, Ariz. If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 31 (Years)

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

12. Birthplace (city or place) Beeville, Ariz. (State or country)

18. Birthplace (city or place) New Mexico (State or country)

13. Occupation Nature of industry Engineer

19. Occupation Nature of industry House wife

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 6 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* hereby certify that I attended the birth of this child, who was born alive at 1:50 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 [Signature] (Physician or midwife) Address Box 636, Globe, Ariz.

Given name added from a supplemental report. Month, day, year 8-31-27 Filed [Signature] Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar. 545-826-515