

SUPPLEMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yavapai
District of Beauford
Town of Pinal
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182
County Registrar No. _____
Local Registrar No. 150

Full name of child

Maney

If child is not yet named, make supplemental report, as directed.

Sex of Child

Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

Yes

7. Date of birth

9 6 27
Month day year

8. FATHER
Full name James Maney
Residence (Usual place of abode) Pinal
If nonresident, give place and state

14. MOTHER
Full maiden name Mable Chaffield
Residence (Usual place of abode) Pinal
If nonresident, 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 30 (Years)

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

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

13. Occupation
Nature of Industry Farmer

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 4
(b) Born alive but now dead 4
(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 alive at 4:30 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., would make this return. A stillborn child one that neither breathes nor shows other evidences of life after birth.

Signature M. H. Harris
(Physician or midwife)

Address Pinal

Given name added from a supplemental report

Filed Oct 8 1927 J. H. Shelton
Local Registrar.

Registrar.

Filed _____ 19____
County Registrar.

149-906-434