

SUPPLEMENT ATTACHED

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

State File No. 52-123d

Registered No. 52-123d

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Royal Grant Woods { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Nov-13-1927
Month Day Year

8. FATHER
Full name Roy Grant Woods

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 21 (Years)

12. Birthplace (city or place) Thatcher, Arizona
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Genevieve Jacobson

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 18 (Years)

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

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1
(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 at 5:45 P. m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

Address Miami, Arizona

Filed Dec 16, 1927 C. E. Finn
Registrar

*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.

Given name added from a supplemental report _____
Month, day, year _____

Registrar

962-1113-715

more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, marked.