

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

188 144

State File No. 48

Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Patricia Elaine Mc Jinn } 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 Jan 9-1930
Month Day Year

8. FATHER
Full name John Francis Mc Jinn

14. MOTHER
Full maiden name Kathie Elaine Schultz

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

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

10. Color or race White

11. Age at last birthday 24 (Years)

16. Color or race White

17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Liberia New York
(State or country)

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

13. Occupation School Professor
Nature of Industry High School

19. Occupation H. W.
Nature of Industry _____

20. Number of children of this mother. 1
(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. 0
(c) Stillborn 0

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 this at 5 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 Charles E. Jinn
M.D.
(Physician or midwife.)

Given name added from a supplement report _____ Address Miami Arizona
Month, day, year _____

Filed Jan 15 1930 Registrar. _____

745-109-827

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