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

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Barbara Mae 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 Jan 16 1930
Month Day Year

8. FATHER
Full name Robert B Jones
9. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state. Arizona
10. Color or race White
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Metcalfe Arizona
(State or country)
13. Occupation Laborer
Nature of Industry

14. MOTHER
Full maiden name Azzalea Maness
15. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state. Arizona
16. Color or race White
17. Age at last birthday 17 (Years)
18. Birthplace (city or place) El Paso Texas
(State or country)
19. Occupation Housewife
Nature of Industry

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 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 alive at 7:30 a.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 Herbert Bodemer
Physician
(Physician or Midwife)

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

Filed 2/10 1930 H. E. Wighman
Registrar

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

217-116-412