

241

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 195
Registered No. 40

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No.

Inspiration, Ariz.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Ferris Julius Jones

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.

Twin, triplet or other

6. Legitimate? yes

7. Date

of birth Jan 21-1930.
Month Day Year

5. No., in order of birth

8.

FATHER

Full name

Amos Harvey Jones

14.

MOTHER

Full maiden name

Virgie May Moore

9. Residence

(Usual place of abode)

Inspiration Arizona

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Inspiration Arizona

If non-resident, give place and state.

10. Color or race

Cauc.

11. Age at last birthday 23 (Years)

16. Color or race

Cauc.

17. Age at last birthday 19 (Years)

12. Birthplace (city or place)

Doniphan Mo.

(State or country)

18. Birthplace (city or place)

Ft. Smith, Ark.

(State or country)

13. Occupation

Nature of Industry

Miner

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 2
(b) Born alive but now dead 0
(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 8 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

Cyril M. Brown M.D.
Physician

(Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Address

Miami, Arizona

Filed Jan 30, 1930

Registrar.

Registrar.

612-121-545

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