

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

289

State File No. 2-41  
Registered No. 21

**1. PLACE OF BIRTH**

County Graham State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Safford, Ariz. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norvella E. Matthews { If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
Female			Yes	Jan. 9, 1930 Month Day Year
		5. No., in order of birth		

8. FATHER  
Full name James Albert Matthews

14. MOTHER  
Full maiden name Lenora E. Mofris

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

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

10. Color or race  
White

11. Age at last birthday 21 (Years)

16. Color or race  
White

17. Age at last birthday 18 (Years)

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

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

13. Occupation  
Nature of industry Farmer

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother <u>1st</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum. <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was born alive at 1:00 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 [Signature]  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Safford, Arizona

512-109-312  
Month, day, year  
Registrar.

Filed 2-7-30 J. N. Stratton  
Registrar.

*By O. H. Lopez*

order of birth stated.