

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 479
Registered No. 78

1. PLACE OF BIRTH

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

2. Full name of child Cherie Cluff } 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. _____ 6. Legitimate? Yes 7. Date of birth 4-21-30
5. No., in order of birth. _____ Month Day Year

8. FATHER
Full name Edwin A. Cluff
9. Residence R. F. 10. Mesa Ariz
(Usual place of abode)
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Oldmixon
(State or country).
13. Occupation Farmer
Nature of Industry

14. MOTHER
Full maiden name Annie M. Lewis
15. Residence R. F. 10. Mesa Ariz
(Usual place of abode)
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Mesa Ariz
(State or country).
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother. } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 alive at 8:30 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 J. D. Patterson
(Physician or midwife.)

Given name added from a supplemental report. _____ Address _____
Month, day, year 336-421-132
Registrar. Filed 4-21-30 Registrar.