

DEPARTMENT OF HEALTH, ARIZONA STATE BOARD OF HEALTH
 ORIGINAL CERTIFICATE OF BIRTH
 No. 232-624-148

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Brookham

District of _____

Town of Salomonville

or

City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 243
County Registrar No. _____
Local Registrar No. 163

2. Full name of child Brooks Curtis { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 9 6. Legitimate? _____ 7. Date of birth 6-20-30
Month Day Year

8. FATHER
Full name McDonald Curtis
9. Residence (Usual place of abode) Salomonville
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Ariz
(State or country)
13. Occupation
Nature of industry Farmer

14. MOTHER
Full maiden name June Moody
15. Residence (Usual place of abode) Salomonville
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 36 (Years)
18. Birthplace (city or place) Ariz
(State or country)
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 9
(b) Born alive but now dead 2
(c) Stillborn 2
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 7 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 T. E. Platt (Physician or midwife.)
Address _____

Given name added from a supplemental report _____ Filed 7/8/30 1930
Month, day, year
Registrar _____ County Registrar F. N. Stratton

232-624-148

By O. H. Lopez