

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

State File No. _____
 Registered No. 134

157

1. PLACE OF BIRTH

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

2. Full name of child Jacqueline Ann Renner (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>	6. Date of birth <u>July 5, 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Matt Paul Renner

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

10. Color or race White

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Richardton North Dakota
 (State or country)

13. Occupation
 Nature of industry Barber

14. MOTHER
 Full maiden name Frances Rose Leun

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

16. Color or race White

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Matt North Dakota
 (State or country)

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 3
(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 1
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
Yes

I hereby certify that I attended the birth of this child, who was alive at 4:15 P. m. on the date above stated
(Born alive or stillborn.)

Signature [Signature]

(Physician or midwife.)

Given name added from a supplemental report. _____
 Address Box 636 Globe, Ariz.

Filed 8/9, 1930 E. E. Wagoner Registrar

Registrar
199-705-625

order of birth stated.