

No. 33-511 use of

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

State File No. 168
Registered No. 174

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Gerke or Village _____
City Gerke No. 1097 - W. Broad St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child C. J. 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. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug. 20, 1930
Month Day Year

8. FATHER
Full name Claud Jones
9. Residence (Usual place of abode) Gerke, Ariz.
If non-resident, give place and state. _____
10. Color or race White
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Hopkins Co., Texas.
(State or country) _____
13. Occupation Owner
Nature of industry Service Station

14. MOTHER
Full maiden name Ima Smith
15. Residence (Usual place of abode) Gerke, Ariz.
If non-resident, give place and state. _____
16. Color or race White
17. Age at last birthday 39 (Years)
18. Birthplace (city or place) Hopkins Co., Texas.
(State or country) _____
19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother 6 (a) Born alive and now living 0
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 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 2:00 p.m. on the date above stated
(Born alive or stillborn.)

Signature E. E. Wightman M.D.
(Physician or midwife).

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

Filed 9/8, 1930 Registrar E. E. Wightman M.D.

312-425-928