

ARIZONA STATE BOARD OF HEALTH

164

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.

District or Township Cibicue 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 John Woolford } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>M.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.	6. Legitimate? <u>yes.</u>	7. Date of birth <u>Sept. 11, 1930.</u> Month Day Year
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8. FATHER
Full name Charles Woodford

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

10. Color or race White

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Millville N.J.
(State or country) N.J.

13. Occupation
Nature of Industry Laborer.

14. MOTHER
Full maiden name Eva Savage

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

16. Color or race White

17. Age at last birthday 39 (Years)

18. Birthplace (city or place) Snowflake, Ariz.
(State or country) Ariz.

19. Occupation
Nature of Industry Wife.

20. Number of children of this mother <u>4</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u>	(b) Born alive but now dead <u>1</u>	(c) Stillborn _____	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 alive at 10P. 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 John C. Shuff
White River, Ariz.
(Physician or midwife.)

Given name added from a supplement report _____
Month, day, year _____ Address _____

Registrar _____ Filed 1930 Mrs Harbert Cooper
Registrar

164-911-25-

each in order of birth stated.