

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
Registered No. 655

1. PLACE OF BIRTH

County Mile State Arizona

District or Township _____ or Village _____

City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Lynette Sparks } 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. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Dec. 4 - 1930
Month Day Year

8. FATHER
Full name Mitford W. Sparks

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

10. Color or race Cauc. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Alice
(State or country) Texas

13. Occupation
Nature of Industry mining

14. MOTHER
Full maiden name Sarah Ann Clay

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

16. Color or race Cauc. 17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Duncan
(State or country) Arizona

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1 } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn _____ 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 5 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife.)

Address Miami, Arizona

Month, day, year _____ Filed Dec 11 30 E. E. Jones Registrar.

222-1204-238