

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140
Registered No. 667

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 330 - Claypool, Ariz
City Miami No. 40 Hill St - Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jack Allen Brown } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } Male
4. Twin, triplet or other..... }
5. No., in order of birth..... }
6. Legitimate? } yes
7. Date of birth Dec. 9 - 1930
Month Day Year

8. FATHER
Full name John Leland Brown

14. MOTHER
Full maiden name Freda Williams

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

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

10. Color or race Cauc.

11. Age at last birthday 27 (Years)

16. Color or race Cauc.

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Safford
(State or country) Arizona

18. Birthplace (city or place) Pelevsville
(State or country) Ill.

13. Occupation
Nature of Industry Mining

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.) } 3

(a) Born alive and now living..... } 3
(b) Born alive but now dead..... } 0
(c) Stillborn..... } 0

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 8:30 P. 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 Cyril M. Brown M.D.
(Physician or midwife.)

Given name added from a supplemental report.....
Month, day, year Address Miami, Arizona

Registrar. Filed Dec 11 1930 Registrar.

125-1209-662