ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 267

Registered No. 3

1. PLACE OF BIRTH

County: Maricopa State: Ariz.

District or Township: #3 or Village: /

City: Mesa 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 Christopher Merkley (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: Jan - 2 - 31 (Month Day Year)

FATHER

8. Full name: Lavern Mathias Merkley

9. Residence (Usual place of abode): Mesa, Ariz.

If non-resident, give place and state.

10. Color or race: W.

11. Age at last birthday: 43 (Years)

12. Birthplace (city or place): St. Charles

(State or country): Idaho.

13. Occupation: Mechanic

Nature of Industry:

MOTHER

14. Full maiden name: Daisy Annie Gurley

15. Residence (Usual place of abode): Mesa

If non-resident, give place and state. Ariz.

16. Color or race: W.

17. Age at last birthday: 45 (Years)

18. Birthplace (city or place):

(State or country): Australia

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: 7

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 4

(b) Born alive but now dead: 3

(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 ~~or stillborn~~) at 1:35 p.m. on the date above stated.

* 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: F. W. Brown (Physician ~~or midwife~~)

Address: Mesa

Given name added from a supplemental report: Month, day, year

Filed 1-7, 1931 Dr. F W Brown Registrar

Registrar

148 - 102 - 488

Mrs. B.