

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

00100

State File No. _____
Registered No. 52

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township _____ or Village _____

City MIAMI No. 24 Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Albert Carrall Magness } 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. yes } 6. Legitimate? yes 7. Date of birth Feb 2 1931
Month Day Year

8. FATHER
Full name Euell Edwin Magness

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

10. Color or race White

11. Age at last birthday 26 (Years)

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

13. Occupation Common laborer
Nature of Industry none

14. MOTHER
Full maiden name Rena Kathleen Bogin

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

16. Color or race white

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Texas
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother. 2 } (a) Born alive and now living. 2 } (b) Born alive but now dead. 0 } (c) Stillborn. 0 }
(Taken as of time of birth of child herein certified and including this child.) } 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 alive at 7:20 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 J. F. Miller
F. F. MILLER, M. D.
(Physician or midwife.)

Given name added from _____ Address _____
Month, day, year _____
Registrar. _____ Filled 7/12/30 1931 Registrar. _____

142-202-925