ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 136

Registered No. 136

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ..... or Village .....

City MIAMI No. Miami Inspiration Hospital St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elmer Ellsworth Jones (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 April 19 1931 (Month Day Year)

FATHER

8. Full name Elmer Ellsworth Jones

9. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 37 (Years)

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

13. Occupation Churn driller

Nature of Industry Copper mining

MOTHER

14. Full maiden name Inez Fargne

15. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 27 (Years)

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

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.) (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 alive (Born alive or stillborn) at 10-24 A 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. F. Miller

F. F. MILLER, M.D. (Physician or midwife.)

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

Address MIAMI, ARIZONA

Filed Apr 25 1931

Registrar. L. E. Jones Registrar.

512-419-965