ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 141

Registered No. 197

1. PLACE OF BIRTH

County Gila State

District or Township or Village

City Miami No. St. Ward

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

2. Full name of child Joseph Vernon Bright (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M

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 6 - 1 - 31 (Month Day Year)

8. FATHER

Full name Joseph A. Bright

9. Residence (Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race W. Am

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) N C

(State or country)

13. Occupation Nature of Industry Smelterman

14. MOTHER

Full maiden name Effie Branam

15. Residence (Usual place of abode) Miami

If non-resident, give place and state.

16. Color or race W Am.

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) New Mex

(State or country)

19. Occupation Nature of industry HW

20. Number of children of this mother 5

(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

(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 alive (Born alive or stillborn) at 8 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 C. A. Perkins

(Physician or midwife).

Given name added from a supplemental report 123-601-524 Month, day, year

Address Miami

Registrar

Filed June 24, 1931 C. E. Irvin Registrar