ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 148

Registered No. 172

1. PLACE OF BIRTH

County Gila State

Township Miami or Village

City Miami No. 715 Church Hill Ward

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

2. Full name of child Jones { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplet, or other 5. Number in order of birth | 6. Premature Full term | 7. Legitimate Yes | 8. Date of birth June 4, 1931 (Month, day, year)

FATHER

9. Full name Earnest Jones

10. Residence (usual place of abode) (If nonresident, give place and State) Miami

11. Color or race White | 12. Age at last birthday 55 (Years)

13. Birthplace (city or place) (State or country) Safford Ariz

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Miami Unemployed, 19 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Antonia Rodriguez

19. Residence (usual place of abode) (If nonresident, give place and State) Miami

20. Color or race Mexican | 21. Age at last birthday 39 (Years)

22. Birthplace (city or place) (State or country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work, 19 | 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4:30 P m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report 012-604-199 (Date of)

Registrar.

Signed Nelson D Brayton, M.D.

or Miami Arizona, Midwife

Address

Filed June 10, 1931 E. E. Irving Registrar.