

A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH SHOWN.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 7a

Registered No. _____

1. PLACE OF BIRTH *

County Apache State Arizona
Township _____ or Village _____
City St. Johns No. _____ St. _____ Ward _____

2. Full name of child Jolly - Barry Frank (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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 4
6. Premature _____ Full term 7. Legitimate? yes 8. Date of birth Oct 29, 1931 (Month, day, year)

9. Full name FATHER Orvil Leonard Jolly

16. Full maiden name MOTHER Edith Caroline Cropp

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

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

11. Color or race Wh. 12. Age at last birthday 29 (Years)

20. Color or race Wh. 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) (State or country) Stayson Utah

22. Birthplace (city or place) (State or country) St. Johns Arizona

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

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

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

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

18. Date (month and year) last engaged in this work _____, 19____

25. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

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 4 (b) Born alive but now dead _____ (c) Stillborn _____

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 at 3:0 p.m. 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.

(Signed) Aditha Wright, M.D.

or Aditha Wright, Midwife

Given name added from a supplemental report _____

Address _____

218-1029-532 (Date of) _____
Registrar.

Filed _____, 19____
Rona Pittman Registrar.