

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. 80114

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Johnnie Lu Marppay  
(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. Legitimate? Yes 6. Date of birth Oct 21 1931  
Month Day Year

8. FATHER  
Full name John Jack Marppay  
9. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Bessie Anderson  
15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 30 (Years)

16. Color or race White  
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Maricopa  
(State or country) Arizona  
13. Occupation Truck Driver  
Nature of Industry

18. Birthplace (city or place) Dolby Spring  
(State or country) Texas  
19. Occupation House wife  
Nature of Industry

20. Number of children of this mother \_\_\_\_\_  
(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? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles R. Hunt  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Arizona  
Month 148-1021- day 21 year \_\_\_\_\_ Filed April 31 1931 Registrar W. P. Mark

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.