

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1147

Registered No. 348

1190

1. PLACE OF BIRTH

County Yuma State Arizona

Township Miami or Village

City Miami No. Cactus Garden
 (If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child Geraldine Jones

If child is not yet named, make supplemental report

3. Sex Female

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate

8. Date of birth

5. Number, in order of birth

Full term

mate

Oct 21 1931
 (Month, day, year)

9. Full name

FATHER Amos H. Jones

18. Full maiden name

MOTHER Luella Mae Moore

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

Miami

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

Miami

11. Color White

12. Age at last birthday 25 (Years)

20. Color White

21. Age at last birthday 20 (Years)

13. Birthplace (city or place)

Mexico
 (State or country)

22. Birthplace (city or place)

St. South Ark
 (State or country)

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

Miner

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.

25. Date (month and year) last engaged in this work

Long life
 19. 0

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3

(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 at 3:49 p.m. on the date above stated

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

(Signed) Nelson S. Brayton Midwife

or Miami, Arizona Address

Given name added from a supplemental report (Date of)

Filed Dec 1931 Charles E. Brown Registrar

712-1021-145

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

OCCUPATION

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