ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No. 340

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village Route 1 - Miami -

City Miami No. Miami - Inst. Hosp. St. ..... Ward

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

2. Full name of child Bonnie Jean Quinn (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female

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 Oct. 25 - 1931 (Month Day Year)

8. FATHER	14. MOTHER
Full name Bonnie Clair Quinn	Full maiden name Eddie L. Blankinship
9. Residence (Usual place of abode) Miami.	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Canc.	16. Color or race Canc.
11. Age at last birthday 25 (Years)	17. Age at last birthday 20 (Years)
12. Birthplace (city or place) Farmington	18. Birthplace (city or place) Roane
(State or country) New Mex.	(State or country) Texas
13. Occupation	19. Occupation
Nature of Industry Mining	Nature of Industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 1

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

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 born alive (Born alive or ~~stillborn~~.) at 10 20 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 Cyril M. Crow M.D. (Physician or ~~midwife~~).

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

285-1025-527 Registrar

Filed Nov 5, 1931 C. E. Orrin Registrar

WRITE PLAINLY WITH FADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.