ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 114

Registered No. 386

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P.O. Box 776 - Playfield A.

City Miami No. Miami Insp. Hospital Ward

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

2. Full name of child Jean Louise Horton { 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 Nov. 16 - 1931. (Month Day Year)

8. FATHER

Full name James Ray Horton

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Caus.

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Blackfoot,

(State or country) Idaho.

13. Occupation

Nature of industry Mining

14. MOTHER

Full maiden name Goldie B. Daley

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Caus.

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Mesa

(State or country) Arizona

19. Occupation

Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child hereto 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 12 15 P.m. on the date above stated.

Signature Cyril M. Crow M.D. (Physician or ~~midwife~~).

Address Miami, Arizona

Filed Dec 2, 1931 Charles E. Irwin Registrar

* 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.

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

185-1116-248 Registrar

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.