# ARIZONA STATE BOARD OF HEALTH

121

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. .....

County Registrar No. .....

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of Young

Town of

or

City of ..... No. ..... St. ..... Ward

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

2. Full name of child Thomas Laverne Jones — 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. No., in order of birth .....

6. Legitimate? yes

7. Date of birth Feb 18 1932 (Month Day Year)

| 8. FATHER | 14. MOTHER |
|---|---|
| Full name Robert Bell Jones | Full maiden name Azzale Arlie Manes |
| 9. Residence (Usual place of abode) Young Ariz | 15. Residence (Usual place of abode) Young Ariz |
| If nonresident, give place and state | If nonresident, give place and state |
| 10. Color or race White | 16. Color or race White |
| 11. Age at last birthday 30 (Years) | 17. Age at last birthday 20 (Years) |
| 12. Birthplace (city or place) ..... (State or country) Arizona | 18. Birthplace (city or place) ..... (State or country) Texas |
| 13. Occupation / Nature of industry Farmer | 19. Occupation / 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.)
(a) Born alive and now living 2
(b) Born alive but now dead .....
(c) Stillborn .....

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 alive (Born alive or stillborn.) at 11:15 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 Mrs W E Belbur (Physician or midwife)

Address Young Ariz

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

Filed Feb 20, 1932 Ola Young Local Registrar.

Filed ..... 19..... County Registrar.

312-218-142

WRITE PLAINLY WITH UNFADING 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.