

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In cases 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **115**
Registered No. **27**

1. PLACE OF BIRTH

County Yuma State Arizona
 Township Central Heights Village Central Heights
 City Central Heights No. 1 St. Central Ward Central

2. Full name of child Johnny Moore (If child not yet named, make supplemental report, as directed)

3. Sex Male (If plural births) 4. Twin, triplet, or other..... 5. Number, in order of birth.....
 6. Premature..... Full term..... 7. Age at birth yes (Month, day, year) March 19, 1932

9. FATHER Ara Moore

18. MOTHER Edelha Clark

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

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

11. Color of race White 12. Age at last birthday 24 (Years)

20. Color of race White 21. Age at last birthday 17 (Years)

13. Birthplace (city or place) Oklahoma (State or country)

22. Birthplace (city or place) Yuma (State or country)

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 16. Date (month and year) last engaged in this work employed
 17. Total time (years) spent in this work....., 19.....

OCCUPATION
 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 from sewing
 26. Total time (years) spent in this work....., 19.....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

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..... 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. }

(Signed) Thomas Brown M.D.

Given name added from a supplemental report..... (Date of).....

or Thomas Brown Midwife
Address.....

145-381-559 Registrar.

Filed 4/9 1932 W. E. Wright Registrar.