

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **119**

Registered No. **67**

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Central Heights St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jackie Joe Stannart (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. 11 - 1932  
 Month Day Year

8. FATHER Full name Samuel J. Stannart

9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Ottawa  
 (State or country) Kansas

13. Occupation Nature of Industry Mining

14. MOTHER Full maiden name Ada Leader

15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Seneca  
 (State or country) Mo.

19. Occupation Nature of Industry Housewife

20. Number of children of this mother 4 (a) Born alive and now living 2  
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2  
 (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 at 8:30 P. 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Signature Leyril M. Brown, M.D. (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Filed April 2, 1932 E. E. Ismii Registrar

123-311-139 Registrar

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