

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1383
Registered No. 176

1. PLACE OF BIRTH

County Yuma State Arizona
Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child John Thomas Arney (If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural birth _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth May 16 32 (Month, day, year)

9. Full name of FATHER Charles Walter Arney

18. Full maiden name of MOTHER Laura Sophia Pansberger

10. Residence (usual place of abode) Miami (If nonresident, give place and State)

19. Residence (usual place of abode) Miami (If nonresident, give place and State)

11. Color or race Wh 12. Age at last birthday 19 (Years)

20. Color or race Wh 21. Age at last birthday 18 (Years)

13. Birthplace (city or place) Barstow California (State or country)

22. Birthplace (city or place) Clifton Arizona (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 1931

25. Date (month and year) last engaged in this work _____ 19____
26. Total time (years) spent in this work 3

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 9:30 P 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) Charles E. Davis, M. D.

or _____, Midwife

Address Miami, Arizona

Filed May 20 1932 Registrar, _____

Given name added from 118-516-399 (Date of)