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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.
Registered No. 157

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No. Gila County Hosp St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: William Randolph 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: Nov. 9, 1932 (Month Day Year)

8. FATHER
Full name: John Blackwell Jones

9. Residence (Usual place of abode): Globe
If non-resident, give place and state: Ariz.

10. Color or race: White

11. Age at last birthday: 27 (Years)

12. Birthplace (city or place): Richmond
(State or country): Virginia

13. Occupation
Nature of Industry: Newspaper man

14. MOTHER
Full maiden name: Helen Eola Fitzpatrick

15. Residence (Usual place of abode): Globe
If non-resident, give place and state: Ariz.

16. Color or race: White

17. Age at last birthday: 24 (Years)

18. Birthplace (city or place): Globe
(State or country): Ariz.

19. Occupation
Nature of Industry: Housewife.

20. Number of children of this mother: 2
(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: 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 alive (Born alive or stillborn) at 12:50 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: [illegible] Physician (Physician or midwife).

Given name added from a supplemental report 612-1109-862 (Month, day, year)

Address: Box 636, Globe, Ariz.

Filed 12/7, 1932 L. E. Wightman M.D. Registrar

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.