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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 3

1. PLACE OF BIRTH

County Gila State Arizona

Township _____ or Village P.O. Box 258 Miami Ariz.

City Miami No. Miami Insp. Hospital St. _____ Ward

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

2. Full name of child Joan Mary Conniff (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth Jan. 13 1933 (Month, day, year)

FATHER

9. Full name John Sarsfield Conniff

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

11. Color or race Caus | 12. Age at last birthday 37 (Years)

13. Birthplace (city or place) (State or country) Montgomery Ala.

OCCUPATION

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

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

16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Grace Irene Higgins

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

20. Color or race Caus | 21. Age at last birthday 32 (Years)

22. Birthplace (city or place) (State or country) Teadville Colo.

OCCUPATION

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

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 _____, 19__ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (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 _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 41 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.)

(Signed) Cyril M. Crow M.D., M.D.

or _____ Midwife

Address Miami Arizona

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

Filed Jan 25 1933 C. E. Irvine Registrar.

126-113-182 Registrar.

N. B.—In case of a ... than one child at a birth, a SEPARATE RETURN must be made for each, and ... in order of birth stated

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