ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 132a
Registered No. 200

1. PLACE OF BIRTH

County Graham State Arizona
Township or Village
City Solomonville No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Delsa Barney. (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 X | 7. Legitimate? yes | 8. Date of birth 7 20, 1923 (Month, day, year)

FATHER	MOTHER
9. Full name Arthur J. Barney	18. Full maiden name Lucy A. Jennings
10. Residence (usual place of abode) (If nonresident, give place and State) Solomonville	19. Residence (usual place of abode) (If nonresident, give place and State) Solomonville
11. Color or race White 12. Age at last birthday 32 (Years)	20. Color or race White 21. Age at last birthday 31 (Years)
13. Birthplace (city or place) (State or country) Solomonville Ariz	22. Birthplace (city or place) (State or country) Eden Ariz.
OCCUPATION: 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work ____, 19__	25. Date (month and year) last engaged in this work 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 7 (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 ~~(born alive ...)~~ at 7/20 a.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) [signature], M. D.
or ____, Midwife
Address Sassard Ariz.
Filed Sept 20, 1923 G. Whatton
Registrar.

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

Registrar.

428-720-312

by O. H. Lopez

MARGIN RESERVED FOR BINDING
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.