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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____
Arizona _____

1. PLACE OF BIRTH

County Gila E 10 Davis Canon State _____
Township _____ or _____
City Miami No. _____ St. _____ Ward
(If birth occurred in a hospital or [redacted] street and number)

2. Full name of child Baby Jones [redacted] [If child is not yet named, make supplemental report, as directed]

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

FATHER

9. Full name Ray A Jones

10. Residence (usual place of abode) (If non-resident, give place and State) Miami

11. Color White | 12. Age at last birthday 24 (Years)

13. Birthplace (city or place) Umberton Miss (State or country)

OCCUPATION

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

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

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Ilda Kidney

19. Residence (usual place of abode) (If non-resident, give place and State) Miami

20. Color White | 21. Age at last birthday 20 (Years)

22. Birthplace (city or place) Ft Worth Texas (State or country)

OCCUPATION

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

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 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks | 29. Cause of stillbirth unknown { Before labor _____ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 6 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) Nelson D Bryan, M.D.
or _____, Midwife
Address Miami Ariz
Filed Sept 7, 1933 N D Bryan Registrar.

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

_____ Registrar.

SM 3-17-32 MS-4048

012-907-928

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.