ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

BIRTH NO. 102- 127

CERTIFICATE OF BIRTH

REGISTRAR'S NO.

1. PLACE OF BIRTH
A. COUNTY: GILA
B. CITY (IF OUTSIDE CORPORATE LIMITS WRITE RURAL) OR TOWN: MIAMI
C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: ARIZONA
B. COUNTY: APACHE
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: ST. JOHNS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

3. CHILD'S NAME (TYPE OR PRINT)
A. (FIRST): EVELYN
B. (MIDDLE): JOANNA
C. (LAST): JONES

4. SEX: Female
5A. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐
5B. IF TWIN OR TRIPLET (THIS CHILD): 1ST ☐ 2ND ☐ 3RD ☐
6A. DATE OF BIRTH (MONTH) (DAY) (YEAR): November 26, 1933
6B. HOUR:

FATHER OF CHILD

7. FULL NAME
A. (FIRST): James
B. (MIDDLE): Lawrence
C. (LAST): Jones
8. COLOR OR RACE: White
9. AGE (AT TIME OF THIS BIRTH): 30
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): St. Johns, Arizona
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): St. Johns, Arizona
12A. USUAL OCCUPATION:
12B. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

13. FULL MAIDEN NAME
A. (FIRST): Lavelle
B. (MIDDLE): -
C. (LAST): Winsor
14. COLOR OR RACE: White
15. AGE (AT TIME OF THIS BIRTH): 26
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Sagar, Arizona
17A. USUAL OCCUPATION:
17B. KIND OF BUSINESS OR INDUSTRY:
18A. CHILDREN BORN TO THIS MOTHER (INCLUDING THIS CHILD):
B. HOW MANY OTHER CHILDREN ARE NOW LIVING?
C. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?
D. HOW MANY OTHER CHILDREN WERE STILLBORN (BORN DEAD AFTER 8 MONTHS PREGNANCY)
19. INFORMANT'S NAME:
RELATIONSHIP:

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE DEAD ON THE HOUR AND DATE STATED ABOVE.

20A. ATTENDANT'S SIGNATURE: Nelson D. Brayton, M.D.
20B. ATTENDANT AT BIRTH: M. D. ☐ D. O. ☐ MIDWIFE ☐ OTHER (SPECIFY)
20C. ADDRESS: Miami, Arizona
20D. DATE SIGNED:

21A. DATE REC'D BY LOCAL REG.: Nov. 27, 1933
21B. REGISTRAR'S SIGNATURE: N. D. Brayton
22. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR:

23A. LENGTH OF PREGNANCY: WKS.
23B. WEIGHT AT BIRTH: LBS. OZS.
24A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:
24B. STATE ANY OPERATION FOR DELIVERY:
24C. DESCRIBE ANY CONGENITAL MALFORMATIONS:
24D. DESCRIBE ANY BIRTH INJURY: 512-1124-2
24E. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES ☐ NO ☐
24F. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☐ NO ☐
MOTHER'S NAME AND MAILING ADDRESS: