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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

Township _____ or Village _____

City Young No. _____ St. _____ Ward

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

2. Full name of child Jesse Ambrose Clark (If child is not yet named, make supplemental report, as directed)

3. Sex Male | 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 Dec 24, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Jesse Andrew Clark	18. Full maiden name Clara Senora Reiner
10. Residence (usual place of abode) (If nonresident, give place and State) Young Ariz	19. Residence (usual place of abode) (If nonresident, give place and State) Young Ariz
11. Color or race White 12. Age at last birthday 25 (Years)	20. Color or race White 21. Age at last birthday 33 (Years)
13. Birthplace (city or place) Luluz N Mex (State or country)	22. Birthplace (city or place) (State or country) New Mex
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
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.
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work _____	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 _____ (b) Born alive but now dead _____ (c) Stillborn _____

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 12:40 A.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) Mrs Minnie Jones, Mrs.

or House Wife, Midwife

Address Young Ariz

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

132-1224-399

Registrar.

Filed 12-26-, 1933 Ola Young Registrar.

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.