SUPPLEMENT ATTACHED

1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 194

Registered No. 130

County Graham State ARIZONA

Township ..... or Village .....

City Safford No. ..... St. ..... Ward

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

2. Full name of child Jerry La'Mel Matthews (If child is not yet named, make supplemental report, as directed)

3. Sex male | If plural births: 4. Twin, triplets, or other Single; 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Is mother married? yes | 8. Date of birth 4, 30, 1936 (Month, day, year)

FATHER	MOTHER
9. Full name James Albert Matthews	18. Full maiden name Lenora Morris
10. Residence (usual place of abode) (If non-resident, give place and State) Safford Ariz	19. Residence (usual place of abode) (If non-resident, give place and State) Safford Ariz
11. Color or race white 12. Age at last birthday 26 (Years)	20. Color or race white 21. Age at last birthday 23 (Years)
13. Birthplace (city or place) (State or Country) Pima Ariz	22. Birthplace (city or place) (State or Country) Safford 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. 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 2 (b) Born alive but now dead 0 (c) Stillborn .....

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 40 P. 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 Safford Arizona

Filed May 9th, 1936. [signature] Registrar.

Given name added from a supplemental report 542-430-342 (Date of)

..... Registrar.

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.

20M 1-8-36 Form No. 2 MS—100 Rag