

4611

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 61
Co. Registrar No. 1678
Local Registrar No. _____

PLACE OF BIRTH
1. County of Cochise
District of _____
Town of _____
or
City of Douglas No. 1137 14th St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Constance Barbara Barnes If child is not yet named, make supplemental report, as directed

3. Sex of Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth May 29 1922 (Month, day, year)

<p>8. FATHER Full name <u>Arthur C. Barnes</u></p> <p>9. Residence <u>1331 Carmilita Douglas</u> (Usual place of abode) If nonresident, give place and State</p> <p>10. Color or race <u>American</u> 11. Age at last birthday <u>22</u> (Years)</p> <p>12. Birthplace (city or place) <u>Princeton Kentucky</u> (State or country)</p> <p>13. Occupation <u>Clerk Grocery</u> Nature of Industry</p>	<p>14. MOTHER Full maiden name <u>Corinne Frances Scarborough</u></p> <p>15. Residence <u>1331 Carmilita Douglas</u> (Usual place of abode) If nonresident, give place and State</p> <p>16. Color or race <u>American</u> 17. Age at last birthday <u>22</u> (Years)</p> <p>18. Birthplace (city or place) <u>Deming New Mexico</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of Industry</p>
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20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

the number of each, in order of birth, stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 12:30 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)
Address McGuire Bldg Douglas
Given name added from a supplemental report _____
(Month, day, year) 322-529-328 Registrar.

Filed 6/8, 1922 [Signature] Local Registrar.
Filed 6/7, 1922 [Signature] County Registrar.