

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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Yuma  
District of Yuma  
Town of Yuma  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

State Index No. 141  
County Registrar No. 440  
Local Registrar No. \_\_\_\_\_

2. Full name of child Jerry Blaine Bear (If birth occurred in a hospital or institution, give its NAME instead of street and number) } If child is not yet named, make supplemental report, as directed.

3. Sex of Child 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 7 4 23 } Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Roy W. Bear</u>		Full maiden name <u>Worthy Whitehill</u>	
9. Residence (Usual place of abode) <u>Yogales Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Blb Ariz</u> If nonresident, give place and state	
10. Color or race <u>W</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Missouri</u> (State or country)		18. Birthplace (city or place) <u>Silver City, New Mexico</u> (State or country)	
13. Occupation <u>Owner Pool Hall</u> Nature of industry		19. Occupation <u>W. W.</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>1</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 8 P. m. on the date above stated.

\*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 G. E. Wightman (Physician or midwife)  
Address Blb Ariz

Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed 7-10-23 B. J. J. J. Local Registrar.  
Filed 5-5-23 B. J. J. J. County Registrar.

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